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NORTH-LONDON HOSPITAL.

CLINICAL LECTURE

ON CASES OF

ERYSIPELAS OF THE HEAD,

Delivered in the Session 1835-36,

BY DR. ELLIOTSON.

I HAVE four cases now to mention to you, gentlemen, which were all instances of the same disease, and all illustrative of the great advantage of a particular mode of treatment. They were instances of erysipelas of the head, which is a most dangerous disease, and I would at any time rather not have to treat a patient with it; for although one may follow plain indications in the treatment, disappointment frequently attends our efforts, and patients die with signs of inflammation of the brain or its membranes, more or less effusion of fluid being found after death in or upon the brain. Many of these cases yield to bleeding, cold applications, purging, mercury, and starving. Other cases require these measures in a mild degree. In other cases, again, evacuants cannot be borne, and quinine and good nourishment are very soon required. But however plain the indications, we are so often disappointed in the treatment, that I was very thankful when Mr. HIGGINBOTTOM made known a mode of treatment which was much more beneficial than the remedies already in use. Now, it is a rare thing for one man to have four cases of erysipelas of the head all occur nearly together, and all do well. The disease is far more dangerous in those who have passed the middle period of life, and in those who have suffered from intemperate habits, or from any unwholesomeness of climate. Of these four patients in question two were young adults, and two were middle-aged men.

Case 1.—The first case occurred in a man, admitted on the 18th of September, who said his age was forty-six, though he looked at least ten years older, and had the appearance of a dissipated man. He was a poor shoemaker. He denied that he had ever been a drinker, and also most positively that he had ever had venereal disease, but his wife is now in the hospital on account of secondary symptoms, and he appeared a most unfavourable subject for the disease. On the 15th he had been attacked with rigors, followed by pain in the head and back, general heat and thirst, and some degree of purging. On the 16th and 17th he found that his face had begun to swell; it had also a feeling of tenseness and smarting, which continued to increase. At the time of his admission, the skin of his nose and cheeks was inflamed, the redness was dingy, and there was œdema of the lower eyelids. The skin felt hard and brawny, and there was considerable pain in the head and cheek; his tongue was white, he had great thirst, and a feeling of nausea. His bowels were open three or four times a day, the evacuations consisting, he said, of clear water. *Pulse* 120, skin hot, hands tremulous, and he had altogether an agitated appearance. He said he had been nine years in the West Indies and America. All the inflamed part of his head was directed to be well moistened with a saturated solution of the nitrate of silver, but no medicine was given him. On the next day, the 19th, he was found to be much better; the solution had occasioned the cuticle to come off in many parts.

He suffered a good deal of smarting for some hours after the application, but was now perfectly free from pain of any kind. *The pulse came down to* 90, his hands were less tremulous, he had had one evacuation; his thirst was much less, though his tongue was still white, and he had not slept in the night on account of the soreness of those parts of the skin where the cuticle had been raised. On the 20th there was a little pain and swelling on the left part of the head, higher than the part to which the nitrate of silver had been applied. This he attributed to costiveness, and he was ordered five grains of calomel and ten of colocynth directly. On the 21st, as the forehead continued inflamed, the head was

shaved, and it was then seen that the vertex on the left side of the head was affected with the disease. The head, too, was puffy and œdematous, and very tender. Those parts which now seemed to be affected were also well washed with the saturated solution of the nitrate of silver, and he had ten grains more of the colocynth extract. On the 22nd the pain after the application of the caustic was very severe for some hours, and towards the latter part of the evening yesterday he was delirious, but the pulse in the morning was only 85, the skin clear and soft, and he was much improved in every respect. The expression of his countenance was a great deal better. The head had scarcely any tenderness, and what there was arose from the caustic. 24th. The swelling of the left ear is quite gone; there is no pain; he slept well in the night; the bowels are open, and he does not recollect that Mr. Taylor was the person who applied the caustic to his head. 26th. Better; slept well; no pain internally or externally; skin clear. He now begins to wonder what has happened to him; he does not recollect what has been done, and he has many ludicrous suspicions and fancies respecting the circumstances. From this time he remained perfectly well, and left the hospital cured upon the 3rd of October.

Case 2.—Joseph Norris, aged 53, was admitted on the 11th of September. He was a man of intemperate habits. He had been working in a draught of air while he was hot, and had caught a severe cold. On the 6th instant his upper lip became red and painful, and the redness subsequently extended over the face, and was attended with a severe burning pain. Small vesicles also appeared, which broke and discharged a little fluid. He applied to a medical man, who after bleeding him to a pint advised him to go to an hospital. The inflammation had now extended all over the face and forehead. *His pulse was* 100; the tongue foul, and there was great thirst and no appetite. The saturated solution of the nitrate of silver was applied, after which his face was in a burning heat the whole night. On the next day his face was less painful, and the expression of his countenance was improved; *the pulse had fallen to* 78, and it was small and weak. Some mild aperient medicine was given. On the 15th the expression of the face was still more improved, and he felt much better, and less weak. On the 17th the thirst was diminished, he felt stronger, and his appetite was returning. On the 19th the skin, which had been blackened with the solution of the nitrate of silver, was now peeling off. He was allowed a pint of beef-tea daily, and went out perfectly well on the 29th of September.

Case 3.—Matilda Scaltack, aged 27, a stout, plethoric woman, was in good health until Sunday last, when she was seized with rigors, pain in the head vomiting, and slight purging, which she ascribed to her having got wet in the feet a week before. On the Sunday morning she had a burning and smarting pain in the forehead, with redness and swelling. This inflammation extended down the face, and she then saw a medical man, who gave her a strong purgative and ordered a cold acetous wash to the parts. These measures afforded her no relief, and on her admission to the hospital on Friday, October the 2nd, she had erysipelas of a considerable part of the forehead, of the temples, of the cheeks, and of the ears. "The eyes were closed by the swelling, and there were a number of bullæ on the left cheek, and one or two on the right. She had a shooting pain through the temples, occasionally, with considerable giddiness, and some dimness of sight. She said she slept very badly; the tongue was white, and there was great thirst, occasional nausea, and burning pain at the epigastrium, increased by eating, especially hot food; it was also tender on pressure; *the pulse was* 92, and rather weak. The head was shaved, and the saturated solution of nitrate of silver was applied all over the inflamed parts. A low diet was enjoined. The next day it appeared that the pain of the application had continued for two or three hours, but after this she was free from all pain, and slept soundly. She was free from pain this morning; *the pulse had fallen to* 78; the bowels had not been opened since she came in. October 4th. She still continued better; the neck was sore from the abrasion of the cuticle. Simple ointment was applied to the excoriated parts, and ten grains of colocynth were ordered.

Oct. 6. She was free from pain, and had had a good night; the pulse was 80; she was better, and the face was less swollen. The colocynth was ordered to be repeated. A little pus was formed on the left lower eye, and it was let out. From this time she continued to improve, and went out on the 20th of October perfectly well, her face having entirely recovered its natural appearance.

Case 4.—The next was the case of George Innes, aged 31, who was admitted on Saturday October the 3rd, a stable-man of healthy appearance, but intemperate habits. He says he generally drinks ale and gin mixed. On Monday last he got very wet, and on Thursday began to feel chilly and weak, so he went home and drank brandy and water. Next morning he felt his face inflamed, and went to a surgeon, who gave him some opening medicine, and directed him to bathe his head and face in cold water all day. These measures were attended with no relief. A great part of the right cheek, and the greater part of the left, together with the eyelids, are now in a

state of erysipelas. This has extended also to the forehead. There is some vesication upon his nose. He has no pain within the head, but complains of giddiness, and has not slept at all for the two last nights, on account of the pain,—in his eyelids, he thinks. He has great thirst, and the tongue is red, but white in the centre; the bowels have been purged for the last five or six days, seven times a day. He has retched in the morning daily for the last six months, showing, in all probability, what a hard drinker he was. Skin hot, *pulse* 92, body tremulous, and has been so for the last five days. A saturated solution of the nitrate of silver was applied all over the inflamed parts. On the following day he felt much better. "The pain of the application was severe for several hours, but it then went off, and he has had no pains whatever since. He has passed a good night, and *the pulse is only* 80; the tongue is somewhat cleaner, but he talks rather oddly, and is certainly a little delirious." On the 5th the erysipelas was still better, the face less swollen, and the pulse only 80; but he talks incoherently, and complains of some giddiness, which he says he has had for a long time. The body is rather tremulous. On the 6th the erysipelas was much better, but he talked more incoherently than ever; sweated considerably; tongue clean; no sign whatever of inflammation of the brain. His condition appears to be rather that of *delirium cum tremore*, on which account there was given him half a grain of muriate of morphia, but it produced no sleep. It was found that his bowels had not been opened for some time. A drop of croton oil was given, with fifteen grains of comp. extr. of colocynth. As soon as his bowels were freely opened, the delirium went down. He slept perfectly well, and left the hospital in good health on the 20th of the month.

Remarks.—These four cases are very striking and satisfactory illustrations of the power of the nitrate of silver when applied to parts labouring under erysipelas. For some time after I had learnt that nitrate of silver was recommended as an application in erysipelas, I ventured merely to apply it *around* the inflamed parts, not *upon* them, for the purpose of bounding the inflammation, and, in most instances, I succeeded, not in removing the inflammation which existed, but in preventing it from spreading further. It was not until of late that I ventured to apply nitrate of silver to the parts themselves, according to the directions of Mr. Higginbottom; but since I have adopted his recommendation, I have been satisfied that by far the best mode of treating erysipelas is his. I have more pleasure in speaking of this than if it were any discovery of my own. The merit, I may say the high merit, of it belongs to Mr. Higginbottom, and I think that he deserves to have said of him that he has introduced one of the most important improvements of modern times in the treatment of one of our most dangerous diseases.

In all these four cases the erysipelas attacked the head, and the disease was very severe. In two of the cases the individuals were at or beyond the middle period of life, and in three of them the subjects were persons of intemperate habits, and therefore very unfavourable for a successful termination of the disease. I do not believe that this treatment is any thing like so successful in that kind of erysipelas which affects the cellular membrane and the skin, or in what has been sometimes called "erysipelas phlegmonoides," but which is sometimes essentially an inflammation of the cellular membrane, the skin *also* suffering. In that disease the nitrate of silver cannot affect, directly, the vessels which are themselves the seat of the most important inflammation, for the inflammation of the skin is comparatively unimportant in erysipelas phlegmonoides. The important inflammation in that disease is the inflammation of the cellular membrane, and it appears to me that the use of the nitrate of silver is in its affecting the very vessels themselves which are inflamed,—producing a strong constriction of them, this particular effect being one which, of course, cannot occur in inflammation of the cellular membrane. But even in that case, I believe it to be of use so far as the caustic affects the skin; it saves the skin, notwithstanding it has comparatively little effect on the cellular membrane; but in simple erysipelas of the skin the effusion into the cellular membrane is mere serum, not from inflammation of the membrane, there being just sufficient irritation from the inflamed skin to occasion an effusion of serum into the cellular membrane. In erysipelas phlegmonoides there is a violent inflammation of the cellular membrane itself.

As to a fear of causing the inflammation to affect deeper-seated parts, by curing it on the skin, the alarm is altogether absurd—I never saw such a thing happen; on the contrary, there is much more danger of the internal parts being affected by allowing the inflammation of the skin to run on, and therefore I beg you will not bestow a moment's thought upon such an apprehension. In fact, these four cases prove that such a supposition is altogether fanciful.

You will recollect a case of erysipelas phlegmonoides which I had here some time ago, in which the disease had existed several days before it was discovered. The man was admitted on account of an enlarged gland under the neck, which inflamed and suppurated; and accidentally one day Mr. Taylor discovered that his arms were in a state of high inflammation,—in fact, affected with erysipelas phlegmonoides. The man

had been more or less delirious, was like a person in delirium cum tremore, and had not complained of his arms. Upon further examination both his legs were likewise in the same condition. His debility had been extreme, and to have made incisions, I felt satisfied would have caused his immediate death. He could not have supported the hemorrhage which incisions such as would have been necessary to benefit him would have occasioned. I therefore contented myself with applying the caustic, but, unfortunately, on account of the violence of the man, it could not be applied properly. It was applied, as I have mentioned in a former clinical lecture, with a stick, but, through the man's turbulence, it was done so inefficiently, that there was no chance of its producing good, and it was certainly not applied until far too late to be of service, even had it been applied in the best manner. To have made incisions into the limb, even at a later period, to let out the matter, would also, I am satisfied, have been useless, because the incisions must have been carried to a very considerable extent, for on examining after death, suppuration was found down as low as the various bones of the extremities, to a very great extent. It was a case in which no treatment whatever could have been adopted until it was too late, on account of the existence of the disease not being known earlier. Afterwards, when there was a probability that matter existed, I myself should not have thought of having incisions made into it. I may mention that deep suppurations existed where no caustic had been applied, just as where it had; and in many places where no inflammation could have been suspected. The inflammation had in all begun at the deepest situations, and extended upwards to the surface; for in all, the deepest situations exhibited the marks of the most advanced inflammation.

NORTH-LONDON HOSPITAL.

CLINICAL LECTURE

ON

ERYTHEMA AND ERYSIPELAS,

Delivered in November, 1836,

BY MR. LISTON.

THE last time I had the pleasure of seeing you here, gentlemen, I proposed saying something with regard to stricture of the urethra and other diseases of the urinary organs, but two very interesting cases, more than two, indeed, of erysipelas, of a very severe nature, have lately been admitted, and I think it is a pity to lose the opportunity of making some remarks upon the cases whilst they are fresh in your recollection; therefore, with your permission, I shall for the present delay my observations on urinary diseases, and take up the subject of erysipelas.

The cases to which I have alluded have been as severe as any I have witnessed for a long period. I had at one time very ample opportunities of observing this disease in an hospital that was extremely unhealthy, until the management fell into new hands, when, having the opportunity of becoming in some measure the instrument of reform, I endeavoured to amend the unhealthy condition of the institution, and succeeded in my object. Now this is a disease which is well worthy of your attention and study, seeing that it is apt to follow all sorts of injuries, slight or severe; and is a frequent attendant as well on the most trifling operations as on those of a more severe nature,—a disease which, when it prevails, is calculated to mar the best efforts of the surgeon in conducting the treatment of injuries, or in endeavouring to relieve patients by operation.

There are several forms of the disease. We meet with it both after injuries, and, to use a doctor's phrase, as an "idiopathic affection;" that is, it comes on of itself, and does not arise from or depend on any other disease. It presents different degrees of severity. It attacks merely the surface of the body, the vessels which ramify on the surface of the chorion, which you see exposed after the application of a blister, the vessels which supply the corpus mucosum,—those are principally affected in one form of the disease. In another form the whole thickness of the cutaneous tissue is diseased; and, occasionally, something more,—the parts underneath.

The one form of the disease, also, is apt to pass into the other. The erythema, so called from its red appearance, is apt to pass into the substance, and become what is called "erysipelas," a disease which involves the neighbouring tissues. We have then an intense redness of the surface, and a swelling of the parts attacked, which passes into the subjacent tissue. Thus the disease is apt to spread both superficially and in depth.

The constitution is predisposed to attacks of erythema or erysipelas. Disorder of the digestive organs predisposes to it. It is very apt to attack hard livers, and those who indulge in spirituous liquors. In such patients it will follow a trifling wound, especially of any of the fibrous tissues, or of the scalp, or at the point of the elbow or the knee. Attacks of erysipelas are almost always accompanied by more or less derangement of the digestive organs.

The state of the atmosphere predisposes very much to the disease. In warm damp weather it is more frequent than in very cold or very hot weather. In spring and autumn it mostly prevails; and at those periods you can almost predict with certainty the prevalence of erysipelas from the state of the atmosphere. It also often arises from putrid exhalations, and the exposure of patients to miasmata. A very remarkable instance of this occurred some time ago, in the cavalry barracks in the neighbourhood of Edinburgh. Any one who has been in the North, on going into Edinburgh by the London road, must have observed a large piece of flat ground, covered with luxuriant and rank vegetation, and presenting an intolerable nuisance to the nose. The water from all the sewers of that beautiful town are collected into a sort of filthy, putrid rivulet, which I think they call the "Tumble," and in that way is collected in reservoirs; here and there are floodgates, and at certain periods this horrid collection is allowed to flow over and irrigate the meadows which I have mentioned; and such is the effect of this process that you cannot pass in that direction, especially just before the setting in of wet weather, or a storm, without being almost suffocated, and finding it necessary to hold your nose all the way over half a mile or more of road. I am, in fact, astonished that the nuisance is not abated. An attempt was once made to have this lovely stream covered over, and the contents carried down to the Forth; and if I mistake not, a bill was carried into Parliament with that view, but great efforts were made by the proprietors of the land to prevent the passing of the measure, and they succeeded in getting the bill thrown out. No wonder they should be anxious to preserve a nuisance which produced them, I believe, some 20*l.* or 30*l.* an acre annually, for land which previously was not worth twenty shillings. The cavalry barracks stand pretty nearly in the middle of this swamp, and some time after a regiment of Dragoons was stationed there, and on the very day following that upon which those sluices were opened, and the irrigation commenced, eight cases of erysipelas appeared amongst the troops, who were previously perfectly healthy; and before that regiment left the barracks, a considerable number of men, and two or three of the officers, were destroyed by the disease.

The disease may also be produced from exhalations from dung-heaps, or filth collected about hospitals; and I recollect that in the hospital at Edinburgh, in spite of all the remonstrances I could make, a quantity of putrid matter was collected into one corner there, and every patient that was received into the rooms above, was attacked by erysipelas to a greater or less extent.

But the disease may be propagated by contagion. There is not the least doubt of that. One of the cases at present in the hospital shows that fact tolerably well, though a stickler might say that the woman was exposed to the same exhalations, or to the same atmosphere as her mistress, whom she attended with the disease before she came in here. I allude to the patient who is lying at the farther end of the ward No. 2. Her mistress had erysipelas following puerperal fever, and our patient was attacked with erysipelas in a few days afterwards, exceedingly severely. She was brought here, and with difficulty she was made convalescent.

I had very good opportunities of being assured that this disease was contagious, in the hospital to which I have alluded. When I became a dresser and a house-surgeon there, and for a long time afterwards, erysipelas raged in the establishment as a perfect plague. No patient was admitted with a breach of surface, an ulcer, or a wound of any kind, without suffering erythema or erysipelas; and scarcely a single operation was performed, seldom even blood-letting, without the same result to a greater or less degree. This arose from the foolish practice of washing every sore indiscriminately, as was the fashion of that day, with a sponge and water, and I believe the same sponge and water were often used for many sores, and the consequence was that a patient with a putrid sore, or labouring under an attack of erysipelas, soon became the means of spreading erysipelas through the ward; and it was only when I took charge of that hospital, and exercised a great deal of care, introducing such a better system of dressing as is now pursued here,—after destroying all the sponges, and directing that if the wounds were washed at all (and there is no use in washing anything but the surrounding skin), they should be washed with clean water and tow,—that we succeeded in improving the state of the hospital. I was looking the other day over the list of patients on whom I operated in that hospital for stone, and I may enable you to judge of the benefit gained to the patients by these changes, when I state that of about forty cases I think not more than five were lost. The same remark applies to the operations of other descriptions; and certainly a very great number of the operations which I performed in cases where the union of parts by the first intention was necessary for the cure, such as operations for hare-lip, and the restoration of lost features, were treated with equal success. I believe that a great deal depended also upon an improved ventilation of the wards; and Sir George Ballingall, and many other friends, could bear me out in saying, that to such a fearful extent did the disease prevail at one time in that institution, and so difficult was its prevention, that they talked of taking off the

roof, or removing the ceiling, and renewing the floors, to see if *that* would do any good. Erysipelas, however, as you see, may arise from much slighter and simpler causes than proposals to unroof and reflloor a set of wards would lead us to suspect.

Erythema is confined to the surface, and presents a bright redness, which is lost, at its circumference, in the neighbouring parts, and disappears on pressure, for a time; and the part may pit slightly when the disease is advanced, and some slight effusion has occurred in the cellular tissue. The patient complains of a burning sensation of the part, but not of throbbing or violent pain. In erysipelas the whole thickness of the skin is affected, the vessels part with more of their contents, and an effusion of serum very often takes place under the cuticle. You see it marked in this drawing. I expected to be enabled to illustrate these observations by some drawings of the disease, which, I presume, are to be found in the extensive collection on the other side of the way, and for which I wrote, but they are not forthcoming. What you now see are more like caricatures than realities, but, in the absence of better drawings, they may serve to illustrate the disease. Here are vesicles produced by the oozing of the vessels, and in consequence of which vesicles appearing, the disease is placed in the order called "bullæ," and claimed by the physician. Here is a drawing of a case of bullæ, which was admitted into the hospital; the vesications, had all formed without the existence of any previous inflammatory action. But the vesications do not uniformly occur in erysipelas, and I do not see why physicians should have the exclusive charge of this species of the disease. There is also effusion into the subcutaneous cellular tissue, always producing more or less swelling, particularly in those parts where that tissue is exceedingly loose, and easily broken up, as in the scrotum, the prepuce, and the eyelids. The effusion takes place in those parts very early in the disease. Sloughing is very soon developed in them. The effusion consists in general of an albuminous serosity — of lymph,— gelatinous-looking, but coagulating naturally, the former kind coagulating only by heat, or the addition of acids or of alcohol. In the more advanced stages, the lymphatic effusion very often becomes purulent, and you have deposits of pus in the part most inflamed and most tense; and on cutting into it either during life or after death, you perhaps find dead portions of cellular tissue with the pus. A little beyond this, lymph is found filling up the cells of the subcutaneous tissue; and yet here and there a globule of pus appears. Further off there is merely albuminous serosity; but in many cases there is a secretion of an exceedingly acrid nature, dark and putrid, which passes into the cellular tissue and very rapidly destroys it, ultimately destroying the skin too; because, as old Freke, a surgeon at one time in *St. Bartholomew's Hospital*, says, a man's waistcoat cannot be long on fire without his coat burning also. There is a loss of the vessels which supply the skin, which then necessarily suffers also.

This putrid secretion occurs after injuries, and is similar to the fluid which is secreted from a bad ulcer. Exceedingly bad effects result from inoculation with a fluid of this kind. Nurses who wash bandages or poultice-cloths, sometimes get their fingers pricked with a pin incautiously left in the bandages, and are thus inoculated, although the matter is so exceedingly diluted, when a great degree of action is produced in the skin, and a quantity of this purulent fluid is formed in the cellular tissue. It is this sort of secretion which is found in bruised wounds. There is excitement of the surface, without time for the cellular tissue to be glued up by inflammatory action and the deposit of lymph. This acrid fluid is poured out, is extensively infiltrated, destroys the tissue, and is often the cause of the rapid spread of gangrene. Before a part becomes gangrenous, a streak, a darkness, a sort of brownish tinge, is seen on the integuments, or above the part which altogether has perished. There is a brown streak seen running in the course of the vessels. This is not "diffused inflammation," as it has been called, of the cellular tissue, but an infiltration into it of putrid matter, which the cells of the tissue, being broken up, readily admit. The streak running in the course of the vessels is not the result of inflammation in the vessels themselves, but is the effect of the cellular tissue being there very loose, and readily admitting the serosity. The late Dr. Duncan, junior, of Edinburgh,—called "junior," when neither very young nor very well-conditioned,—a very learned man, and long editor of the *Edinburgh Journal*, wrote a book on what *he* called "Diffuse Cellular Inflammation," making a sad mess of the subject, as doctors generally do when, stepping out of their proper sphere, they attempt to teach surgery, or to meddle in any way with diseases which are curable, under proper management, by the timely and judicious employment of local means. I do not mean to deny that the cellular tissue is occasionally pervaded by inflammatory action, but it often suffers from infiltration following upon affection of the neighbouring and investing structures. I am not very sure, that in traumatic gangrene it would be a bad plan to attempt to limit the disease by a tight ligature, when, from the violence of the inflammatory fever, or any other cause, amputation of the limb is at the time considered inexpedient; and I shall probably, on the first opportunity, try the practice. I do not see why we should not

apply a tourniquet in such cases, though this is almost the only purpose for which I can fancy a tourniquet to be of use now-a-days.

We had a very good instance of the destruction of the cellular tissue lately, here, in a patient who was admitted with a bursal enlargement over one of the ligaments of the patella, which he attributed to kneeling on hard ground at prayers, he being a very rigid Catholic; but before he was dismissed he was seized with an erythema of the scrotum. What that arose from I know not, unless it was from the accumulation of filth. It might be from wearing dirty breeches, to which the old writers sometimes attributed the spread of venereal disease. Certainly the erythema was just as likely to have arisen from wearing dirty breeches as was the enlargement of the knee from kneeling at prayers. This erythema, however, was followed very rapidly by swelling of the scrotum, and in twenty-four hours afterwards there was a large dark speck at the lower part of it, in the cellular tissue, and the skin was only prevented from sloughing by a very free incision into the part on each side of the raphe.

Very often, after inflammation at the surface, we see more or less effusion into the cellular tissue, as well after erythema as after erysipelas, and the result of this infiltration is—long after the erythema has disappeared—the rapid formation of abscesses. In one of the first patients to whom I alluded in the female wards, a number of those abscesses formed in the scalp, several days after the disappearance of the redness of the surface, and we were under the necessity of making about six incisions into the scalp, for the purpose of evacuating the matter.

Case 1.—Having made these general remarks, I turn to the cases before us. Here is a map of the first patient, who, it appears from her statement, had attended her mistress during three days and nights, while the latter was suffering under an attack of erysipelas and puerperal fever, of which she died. On the third evening of her attendance, the servant was attacked with idiopathic erysipelas, violently affecting, inflaming, and distending, the entire surface of the head and face, and extending some distance down her back. The eyelids were so much distended that vision was completely obstructed. In this state she was admitted, being then also violently delirious. On pressing the stomach great induration and extreme tenderness were perceived. The muscles were very rigid, the pulse was 120. She was ordered some antimonial medicine, and some aperient to open the bowels. The eyelids (over which several vesicles also had formed), and other parts, were very freely punctured, and for the tenderness of the stomach, leeches were applied to the hypogastric region. The pulse came down to 110, and she rather improved. The punctures were repeated very freely, six or eight dozen being made over the eyelids. There was great infiltration over the eyes, so I took the liberty of putting the lancet in at the root of the nose, and ran it upwards, in the mesial line, for an inch or so, in order to allow the serosity there collected to escape in that way, and a line of the nitrate of silver was drawn across the upper part of the thorax, with a view to prevent the extension of the inflammation in that direction. She became a good deal better, and on the 28th of October, having been admitted on the 22nd, the pulse had come down to 90, and was very weak. On the 30th the pulse was 96, and very weak, and she was ordered a little port-wine, with a mixture of cyanuret of potass, tincture of hyosciamus, and infusion of rhubarb. She was not in a state to bear any further abstraction of blood, and this medicine was given to allay the general irritability, and to put the stomach into a better state, and clear the tongue. She is now convalescent, but still remains in the house.

Case 2.—On the other patient an operation was performed, out of *complaisance*, as the French call it. She came here to have a tumour, situated betwixt her eyelids, removed, on account of the deformity it occasioned. Her friends had advised her to have it removed, and it was dissected out, according to her desire. After the operation she preferred going to her master's house, and on the Sunday following, two days afterwards, there being on that day no certainty of my coming here, she presented herself at my house, to have the stitches taken out, the wound having been brought together by two sutures. On her way home from my house, or on her road to chapel, I do not know which, she was traced into three or four gin-shops, which she did not leave, it is to be presumed, without indulging in a little drop of comfort, and the consequence was, that on the next Tuesday she was attacked with erysipelas of the head and face, and on Wednesday was admitted here with inflammation of a rather severe character. Her pulse was very strong and full, as it had been from the commencement, such as you might expect in inflammatory fever, and I felt warranted in abstracting a little blood. I therefore ordered about ten ounces to be taken away, and this on the next day was found very much buffed and cupped. Common aperient medicine not affecting her, it became necessary to give her croton oil more than once. The parts were punctured, and afterwards fomented. Although at first she showed signs of inflammatory fever, she very soon became weak and low. The type of the fever changed entirely. The tongue became loaded with a brown crust; the pulse was weak, indistinct, and exceedingly

quick. In a day or two she became delirious, like the other patient; it was even necessary indeed to put her into a strait-waistcoast. This delirium was followed by coma. One day the redness had gone off suddenly, which I am inclined to attribute to her having been exposed to a current of cold air by the opening of the water-closet door, next to which her bed was placed, and she was in a most precarious state, and had, in fact, every sign of dissolution except one. She was lying stretched out in bed, her extremities were cold, with scarcely any pulse, —none at the ankles; she had laborious breathing, the mucous rattle, and a lifting up of the nostrils; in short she was comatose—quite insensible—and could not be roused in any way. The only symptom which encouraged me to hope that she might still struggle through was, that she had not lost the power of swallowing. She took any thing that was offered to her,—first port-wine, and afterwards some gin—with very great readiness, and in that way she has been supported until now, and though she is still in a very precarious state, yet I think there is some slight chance of her recovery. I may add that, in addition, a large blister was applied to the back of the head and neck, with a view of producing a diversion of the secretion from the base of the brain. We find in many cases, as in this one, that when the erysipelas goes away rather quickly, effusion takes place at the base of the brain, and sometimes symptoms arise which would induce us to suppose that effusion had taken place, but without our afterwards being able to discover any effusion of serum. Professor BURNS has stated in his "Principles of Surgery," that in erysipelas "the high excitement of the sentient extremities of the nerves, from inflammation, often causes torpor of their origin, and produces all the symptoms of hydrocephalus, without a drop of water, or any trace of inflammation, being discoverable." The probability was—from the symptoms in this case—from the deep coma observed—that effusion had commenced, and a very large blister was, therefore, as I have said, applied over the back of the head and down betwixt the shoulders, and this was followed by good effects. The patient was next day better, her breathing became easier, the lifting of her nostrils went off, the extremities became more warm, and she now makes attempts to speak, and seems to know what is going on around. All this shows you that in such a case it is unwarrantable to stand by, and to give up the patient as lost without making any remedial attempts. In the most desperate case of this disease, or of any other, it is your duty to act upon the maxim, that so long as there is life there is hope. As long as the patient can swallow, you must endeavour to keep up the circulation and prevent sinking. There could be no better instance of the happy results of persevering to the last, than this case has furnished, and I have seen many other far-gone cases in which all the powers seemed to have gone except that of swallowing. I recollect a patient who was under my care, about whom I was much concerned, who had submitted to the severe operation of removal of the upper jaw for tumour involving it. Erysipelas of the head and face supervened, but, from some cause or other, the erysipelas suddenly disappeared, and coma came on, and a practice was pursued in that case very similar to what was adopted in this one, and the patient ultimately recovered.

Treatment.—As regards the treatment of erysipelas, I caution you that although there is an appearance of strength and inflammatory action, there is no great power to sustain that action; and if you remove blood in any great quantity, the patient will be liable to sink rapidly. The type is very often, almost from the first, of the typhoid nature—a low fever. Though it commences as an inflammatory fever, it is very apt to change into the typhoid. On looking over Mr. WARDROP'S excellent book "On Blood-letting" the other day, I observed that he mentions, amongst many other cases in which he recommends blood-letting, that of a lady labouring under erysipelas, to whom he was called, where, on entering the room, he found a quantity of wine-and-water by the bed-side, which she had been ordered to take, with bark, every hour. In that case he says he changed the practice, and bled her three times. But that is a practice which I would not have you follow in all cases, though the lady recovered. You must be cautious in these cases, of resorting to blood-letting. You can take away blood by puncture, a practice first introduced by Sir RICHARD DOBSON, with great relief to the vessels affected, allowing their serous contents to escape, and getting rid of the swelling,—preventing, indeed, the formation of matter, or, what is worse, the destruction of the cellular tissue by sloughing.

In other cases, again, there is a great deal of effusion into the cellular tissue, between the coverings of the cranium, or in an extremity, and you will be able abundantly to empty the vessels, to evacuate the effusion, and to accomplish your purpose, by having recourse to one or two incisions of no great extent. That practice, however, you could not follow in the face, with any propriety, from fear of producing deformity; but still you might employ there a great many punctures, which are preferable to leeches, because the bites of leeches very often become irritable, and rather tend to keep up the inflammatory action. Indeed, erysipelas very often follows the application of leeches. By those punctures you can remove as much blood as by leeches, and the patient certainly does not suffer so

much. In the scalp you are very often called on to make incisions to evacuate the matter. Without them, in fact, matter will form in very great quantity, in a large bag. Sometimes even sloughing of the fibrous tissue occurs, and, ultimately, the destruction of the patient. I have again and again seen sloughing of the aponeurosis of the occipital bone, where the patients have struggled through, in spite of the treatment, and in spite of the neglect, though a great many of such patients have died. You should therefore make the incisions, and at an early period, that is, as soon as the presence of matter is indicated. You are not to wait for the redness of the integument, or for the thinning and pointing of the abscess, but must make the incisions into those parts which feel boggy. It is much better, indeed, that you should be disappointed occasionally in not finding matter, than that matter should be left under the scalp. In erysipelas of the extremities, where the formation of matter, or sloughing, is threatened, you must use pretty free incisions. The suggestion of this practice is claimed by modern writers on surgery, but the fact is that the old surgeons knew something about it, as well as the surgeons of the present day. Here, for instance, is an old writer who says, that "scarifying the skin in gangrene is a very idle practice, unless the surgeon hath sagacity enough, when the membrane is not destroyed, but only ready to suffer, to cut largely through both, and thereby let out the inflamed juices, and by that means take off the distention." If that is not to the point, I am very much mistaken. The writer proceeds to say, "In such an act, the surgeon shows both judgment and resolution, and such good treatment continued may cure the patient." There is just as much in this short quotation, as you will find in some of the modern essays.

Now it is not necessary to make an incision from one end of the limb to the other. Having searched out the point where the infiltration is greatest,—where you think there is a certainty that the cellular tissue is broken up, and where the matter, if any, may be discharged, you should there make the incision; and one incision is just as good as half a dozen, or a very long or large one. The patient (Brown) from whom this sketch was made, was admitted into the hospital some time ago. He had received a blow on the point of the elbow. I do not know whether there was any wound: but if any existed, it was small; but I again warn you, that those wounds over the point of the elbow-joint,—wounds of the fibrous tissue especially,—over *any* joint, are very apt to be followed by erysipelas. This bruise was followed by violent inflammation, and the patient had every appearance which is seen in this drawing, that is to say, there was a white appearance on the surface, which I attributed to the application of some cooling lotion or other, very likely containing Goulard's extract, and there was a great degree of tension and throbbing. Into the part which was principally infiltrated I made an incision, and a quantity of blood was evacuated, and sero-purulent matter—ill-digested pus. Immediately upon the incision being made, the redness went off. In two days he returned here with a discharge from the wound, in no great abundance, perfectly healthy, and with the whole of the inflammation gone. The man was cured, in fact, upon the spot.

Now as a local application, I would recommend to you, in preference to any other, frequent fomentation, and with fluid of a comfortable temperature. You may have your liquid for fomentation, medicated or not, as you choose. Patients, however, are inclined to use, and persevere with, medicated applications much more readily than others. You may have simply a couple of bags, containing chamomile flowers, in a basinful of hot water; one of those bags, after lying awhile, is to be squeezed dry and placed on the part, and the two are alternately to be applied, hot and hot, for half or three quarters of an hour at a time. These applications are very grateful to the feelings of the patient, and give much greater relief than any other. They act beneficially by keeping the surface perspirable, promoting the discharge from the surface, and increasing, also, to a certain extent, the secretion into the cellular tissue,—a means which nature employs to relieve the excited capillaries. When effusion can take place readily into the cellular tissue, the inflammation is of a milder kind, the patient suffers much less, and great advantage may be derived from increasing this effusion instead of preventing it. After the fomentations you may dust the diseased part over with some bland powder,—flour, or any thing of that kind,—with a further view of relieving the feelings of the patient and of protecting the tender and irritable surface. This prevents any sudden change of temperature, or blast of cold air, from repelling the inflammation; but you are still to foment, after the incisions or punctures have been made, from time to time, say three or four or five times a-day, according to circumstances.

I should have mentioned, in speaking of the constitutional treatment, that it was essentially necessary to put the digestive organs into proper order. The bowels must be emptied, and any uneasiness which exists about the stomach and liver must be relieved by the application of leeches, and you will find a great advantage after the bowels are emptied, from the exhibition of small doses of antimonial medicines, combined, if you like, with a little calomel. The works of DESAULT, which were re-

vised and edited by BICHAT, contain an excellent memoir on this subject, where the practice of exhibiting small doses of antimony is recommended strongly, and this practice you will have no reason to regret. The antimony keeps down the force of the circulation, it acts beneficially on the bowels, and it promotes the secretions generally, while undue inflammatory action exists. Afterwards it will be necessary to support the patient's strength by every possible means, by nourishing food, and in some cases even by wine and stimulants of one sort or another.

Now as a means of preventing the spread of inflammatory action, the nitrate of silver may be used, drawing with it a line beyond the skin which is affected, a considerable way from it. This practice has been pursued in both of those cases that are now in the ward, and very great advantage indeed may be derived from adopting it. The inflammation very rarely oversteps this line. How that happens I shall leave to some of you ingenious gentlemen to explain, but an action is evidently established in this way on the surface which is incompatible with the progress of the erythematous blush. The nitrate of silver is a very good application where there is but a slight degree of erythema, and when it does not involve a large surface. Sometimes trifling erythema follows a puncture with a pin, or a fish-bone, or something of that kind, impregnated with putrid matter; and when the inflammation is limited to a finger, or the back of the hand, the nitrate of silver may be rubbed on with perfect propriety. The inflammation in this way will be extinguished; but if a large surface is affected, the nitrate of silver, in driving inflammation from the surface, is apt to cause it to affect some other part, and an infiltration is very likely to supervene, so that, instead of the mere surface, the whole thickness of the chorion will be inflamed, and a considerable degree of swelling, and perhaps a destruction of the cellular tissue, will follow. My attention was directed to this a good many years ago, in treating a case of erythema of the hand. It was pretty extensive; it passed over one or two fingers, and involved the back of the hand to above the wrist. I rubbed the nitrate of silver over it, thinking I was doing no harm, but the next day I was under the necessity of allowing a quantity of putrid fluid to escape, by incision along the whole of the back of the hand, and I do not think the patient escaped without a considerable destruction of the cellular tissue of the part. This is of little consequence compared with the production of inflammation of the internal organs, which happens when the inflammation disappears suddenly, of itself, or when it is repelled by cold lotions. The patient then becomes comatose, or his breathing is embarrassed. It is found, indeed, to be much more easy to drive the inflammation to internal organs than to bring it back again. I have seen blisters and cauteries applied with the latter view, without effect. I have seen, both in public and in private, cases of erysipelas treated by the nitrate of silver, where the whole surface has been rubbed over and blackened with the caustic. In others, lines have been drawn here and there, transversely, longitudinally, and "slantendicularly," as our transatlantic brethren express it. Some of the patients have done well; in others extensive destruction of the cellular tissue, with formation of diffused abscess, has occurred. This is very likely to be the case, and through the hardened and blackened epidermis it is not easy to discover the mischief early enough to adopt the proper means for giving relief. I am not quite up to the *rationale* of the practice, or the precise intention of those who recommend and pursue it. I had once the pleasure of being a colleague with a gentleman who took the very odd notion into his head that he could cure all patients who were labouring under the disease in question by painting them over *blue*,—perfectly blue,—with mercurial ointment. I should think that long before this he has seen the error of his way.

I may add, that sometimes the mischief of erysipelas is not confined to the cellular tissue and skin only. Now and then even the *bones* are affected by it. Muscles are affected by it occasionally, and I have seen great portions of them slough out. I have seen a limb rendered perfectly useless in consequence of the destruction of the fascia and the muscles. Sometimes you find the hands contracted, and put into a very awkward position. Here is a specimen, in which the disease commenced with erysipelas, producing this effect on the bones, in the foot. The patient was treated by a physician, and a very rising one, now deceased, in a fever hospital; and whilst everything was done, I have no doubt, to moderate the constitutional disturbance, the local symptoms were allowed to go on. I saw the patient when he was moribund. The whole limb was swollen, and he was then hectic; he was, in fact, in the last stage of existence. A few days afterwards he died, and I preserved the bones. See their condition. The local mischief had been going on for many weeks; the periosteum had been destroyed; the bone was penetrated by ulceration; even the knee-joint was involved; there was actually necrosis of several parts of the articular extremity of the tibia. Here is another specimen, where the disease of the bone was not quite so extensive, but where the disease commenced also in the skin. It was a violent case of erysipelas. In fact, however, I do not know what you would call it. Erysipelas has been denomi-

nated "phlegmonous," "gangrenous," and "œdematous;" but the termination in one or other of these ways, must depend very much upon the skill and activity of the surgeon. It will neither be "phlegmonous," nor "gangrenous," nor "*necrotic*" (to coin a new adjective), if the surgeon knows what he is about, and gets the patient under his care early enough in the disease. There should be no *destruction* of the cellular tissue, far less of the skin or of the bone in those cases.

I do not think, gentlemen, I have anything else to say on this subject on the present occasion.

ST. THOMAS'S HOSPITAL.

CASES AND CLINICAL REMARKS.*

NEW TREATMENT OF WOUNDED ARTERIES.

CASE 1.—*Wound of the Brachial Artery in Venesection.*—Eleanor Hughes, ætat. 25, married, admitted under the care of Mr. TYRRELL, March 3, 1834, occasionally suffering from headaches, and in being bled this morning the brachial artery was wounded. Compression was made above the puncture, but she lost eight or ten ounces of blood, and became extremely hysterical. Soon after, a "ring tourniquet" was put on, so as to compress the artery near the insertion of the coraco-brachialis. The ring tourniquet consists of a metal ring, larger round than the limb, and about an inch broad at the circumference, which is tapped so as to admit a screw, to the lower end of which a pad is fixed, the outer end having a small handle to turn the screw, so that the pad can be carried to or from the centre of the circle. This instrument makes pressure only on two parts—by the pad on the artery, and by the portion of ring on the limb immediately opposed to the position of the artery; thus it does not interfere with the lateral circulation. A firm compress, wetted with cold water, was applied over the wound; the limb was bandaged *lightly*, from the fingers to the tourniquet, and the arm was elevated so as to favour the return of the blood to the heart. The whole limb was enveloped in flannel.

9 p.m. A dose of ammonia with camphor mixture relieved the hysterical symptoms. Tolerably easy, but rather restless; pulse soft and compressible, tongue slightly furred. *Liq. Opii Sed.* ℳ xxx.

4. Passed a tolerable night, complains of very little pain in the arm, which is of the same temperature as the rest of the body.

6. Bowels have been opened once only, and that by medicine, since her admission. *Complains of pain in the arm*, and is very restless; pulse 90, and soft.

7. The ring tourniquet slipping very much, a common tourniquet was put on instead. Whilst removing the compress and bandage from the puncture, about a teaspoonful of healthy pus escaped, which afforded her *great relief*. Simple dressing and a soft compress of lint were applied, and the whole was secured by a *slight* bandage. A common arm-splint was placed on the *under* surface of the limb to keep the arm extended. Pulse 94. Ordered *Colocynth* and *Calomel*, and an enema every evening if necessary.

8. Has been rather sick; the arm has been *very easy*; very little discharge from the wound, and no hemorrhage, although the tourniquet has been slackened considerably. Bowels relieved three times; pulse 90, and soft.

9. No sickness, but says her arm feels hot and burning. On removing the dressing, a little pus escaped, but the wound is granulating.

10. Her arm is very easy. As, however, she complained of *great pain from the tourniquet*, it was taken off. No hemorrhage has occurred since.

15. The wound nearly healed; there is much adhesive deposit still left around the artery, through which it may be felt pulsating slightly; general health tolerable.

17. Going on extremely well; arm supported on a splint in a semiflexed position: a firm compress is still applied over the puncture.

April 10. Puncture perfectly healed; the adhesive deposit now quite absorbed; the artery can be felt pulsating in its natural situation, but not at all increased in size, strength, or volume. On the 16th she was presented cured.

Remarks.—"I have seen the patient frequently since" (said Mr. TYRRELL, in commenting on the case), "and she can use her arm without difficulty, even in heavy work. There is no appearance of disease of the artery or veins. This is the fifth case of puncture of the brachial artery in bleeding, which I have thus treated, in every instance, successfully. In one case I had an opportunity of examining the parts several weeks after the cure had been completed. The patient was at *St. Thomas's Hospital*, and in performing venesection, one of my dressers punctured the brachial artery; I was sent for, and adopted the treatment prescribed in the foregoing case, with success. Some weeks after, the patient died suddenly, when I found that the median vein had its canal obliterated for half an inch above and be-

* The following cases and observations are usefully condensed from a pamphlet entitled "St. Thomas's Hospital Reports," No. 1, put together by Mr. J. F. South.

low the puncture; it was adherent to the artery; the wound of which was firmly united, and its caliber perfect. The parts are preserved in the museum."

Case 2.—*Wound of the Radial Artery.*—W. Lowe, ætat. 22, carpenter, admitted under Mr. Tyrrell, Nov. 11, 1834. In cutting bread with a penknife, the knife slipped, ran into his wrist, and was immediately followed by a large gush of blood, which he commanded by pressure till he arrived at the hospital. On examination, a small wound in the integuments was observed, which penetrated to the radial artery as it passed over the insertion of the musc. supin. long. Large gushes of blood pumped out rapidly, but were restrained by pressure of the vessel above. A common phial-cork having been split vertically, one portion of it, wrapped round with lint, was placed with its convex surface upon the artery above the wound, and tightly confined with sticking-plaster, which immediately arrested the hemorrhage. The edges of the puncture were then brought together with plaster, a compress was applied over it, and the whole was confined with a roller. The hand was tightly bandaged, from the fingers to the wrist, and the limb kept elevated.

Nov. 12, 13, 14. Going on well.

17. On opening the bandages to-day, union had not taken place, but the bottom of the wound was healthy and granulating. There was not the least bleeding either from the wound, or on removing the compress on the radial artery. He had some pain and œdema of the hand, *owing to the bandage round the wrist*, which was therefore loosened, the arm and hand well kept up by pillows, and a large poultice was applied to the hand. In the afternoon bleeding again occurred; the compress having been taken off, it was reapplied; the limb was confined as before, and the hemorrhage stopped.

24. No disposition to bleed since; the wound only requires cicatrization for its perfect cure.

28. The compress is still retained, but not so tightly as to prevent the flow of a certain quantity of blood.

Dec. 5. No return of bleeding, the external wound is almost healed, and on the next day he was presented cured.

Remarks.—"The vessel," Mr. Tyrrell remarked, "was wounded in a position in which it could have been secured without difficulty, but the case illustrates the success of the plan. The treatment I consider especially applicable to wounds of arteries difficult to get at by operation, without risk to other important structures, as in the case of puncture of the brachial artery, in venesection, or in wounds of the palmar or plantar arteries. I have treated all the above-named vessels, on the plan described, successfully. The principle of the treatment consists in arresting or diminishing the flow of blood to the injured vessel, by pressure on the trunk or trunks communicating with it, in keeping the wounded parts carefully adapted by moderate pressure, in preventing venous congestion, by position and support of bandage, and in forming the adhesive union by perfect quiet. It is necessary to persevere for two or three weeks to ensure a perfect cure."

BROKEN CATHETER IN THE BLADDER EXTRACTED THROUGH THE URETHRA.

Joseph Strangmore, ætat. 40, admitted under Mr. Tyrrell, Jan. 11, 1835. Has had stricture for some years, and passes instruments for himself. This morning, however, on passing the instrument, it met with great resistance in the bulbous part of the urethra, and on using force the catheter (a No. 6) gave way an inch above its curve, where it had been once soldered. He immediately set out from Reigate, twenty-one miles from London, and walked a considerable part of the journey. A sound introduced by Mr. Tyrrell evidenced the piece of catheter lodged at the fundus of the bladder transversely, its extremities being held with some firmness by that viscus. He dislodged it by passing the end of the sound beyond it, and drew it forwards to behind the prostate gland, where its position was still transverse. The bladder seemed to contain several ounces of urine. The sound was withdrawn, and one of Weiss's instruments for extracting small calculi, which was nearly straight and had a strong spring, was introduced. One extremity of the foreign body was now free, and after several unsuccessful attempts, was seized and cautiously brought into the urethra. With the finger in the rectum to compress the urethra between the foreign body and the bladder, so as to prevent any retrograde movement of the former, the piece of catheter was then drawn out. It measured three inches in length. The examination and operation together occupied about twenty minutes.

Jan. 14. Feels quite well, and has passed his water much more freely than for some years past.

The museum of the hospital affords several portions of catheters &c. removed from the bladder, but all by the *lateral operation*. Mr. Tyrrell says he believes "that this is the first instance in which an attempt has been made to extract by the urethra, and he trusts the publication of it will prevent the more severe and hazardous operation, in cases of a similar nature, for the future." How forcibly these latter observations might be made to apply to cases of *stone* in the bladder, and extraction by lithotrity, where that operation has not yet obtained any favour!

FRACTURE OF THE TIBIA AND FIBULA, WITH PARALYSIS ON THE RIGHT SIDE, FROM DEPRIVATION OF CUSTOMARY STIMULANTS.

Samuel Wiseman, ætat. 49, admitted under Mr. TYRRELL, Sept. 22, 1835. While rather intoxicated he had slipped down and broken both bones of the left leg, at about their middle, where they had been already fractured five times. Much contusion attended the accident, and there was considerable spasm of the surrounding muscles. The limb was placed on a pillow, spirit-wash was applied, and next day the leg was put in splints and placed in a swing-box. ℞ *Mist. Senn. Comp. p. r. n.*

Oct. 2. He complained of headache, which continued the next day. On the 4th, his bowels were freely relieved by medicine given the night previous; but he still complained of headache, and seemed rather heavy, and the head was hot. ℞ *Pulv. Jalap. c. Hydr.* ʒj, hac nocte. Lot. frigid. capiti.

5. He complains of pain in the head, and has partial paralysis of motion in the left arm; the sensation is perfect; entire paralysis of motion of the left side of the face, but the tongue is drawn towards the affected side; pulse 72, and bearing pressure. C. C. ad ℥xvj occipiti. Abrass. capill. applic. Lot. frigid. Rept. *Pulv. Jal. c. Hydr.* stat.

8. Has been frequently delirious; the paralysis continues; pulse irregular, and very compressible; bowels open. He was ordered a pint of porter, and four ounces of gin daily, which latter he began to take next morning.

10. Slept well; no delirium; pulse firmer; symptoms of paralysis subsiding.

13. The paralytic symptoms have entirely subsided, and on the 4th of Nov. the limb was removed from splints, and the fracture found firmly united.

Remarks.—"This case," said Mr. TYRRELL, "is one of extreme interest,—first, as regards the injury of the same limb several times before. It is unusual to find, at the middle period of life, many fractures occurring in the same individual. I have, however, had under my care a patient several times who is a remarkable instance of *fragilitas ossium*. He had been the subject, when I last saw him, three or four years ago, of twenty-two fractures. Scarcely a cylindrical bone of any size had escaped. In consequence of these fractures he has lost in height from seven to eight inches. The first time I had him under my care, was in consequence of fracture of one thigh-bone, and the other had been fractured previously. In consequence of indifferent surgery, that limb was shorter by three inches than the one for which he came under my care. He had worn an iron to make up the difference in the length of the two limbs, and it enabled him to move himself about, but with some inconvenience. Finding this, I stated that it was possible to set the recently-broken limb to the same length as the one formerly broken, and at his wish I did so. I made an angular union of the second limb, and reduced it to the same length as the other, and he was enabled afterwards to make progression more easily and rapidly. Wiseman appears to have that condition of bone which renders it extremely brittle. In such cases (unless at an old period of life) there is almost an equal facility of union. In the man who had had twenty-one fractures, the accidents were repaired with great rapidity, the union of fracture of the femur being perfectly firm at the expiration of three or four weeks.

In examining particularly into Wiseman's case, it may appear remarkable that the man should suffer from headache, and suddenly have the paralysis displayed, without any active mischief in the head. But there has been a *portion* of the upper part of the spinal chord deprived of the due quantity of blood which is essential to its functions, and it thus influenced merely those portions of the body which I have stated.

I have had several somewhat analogous cases under my care. The first instance in which I had a distinct perception of such a case in a surgical patient, was in a coal-porter, who became intoxicated, tumbled from a waggon, and had both wheels pass over his arm, when so much were the parts disorganized, that it would have been difficult to recognise them as belonging to the human body. Amputation was resorted to. For two or three days the man went on extremely well, but on the third or fourth day the man was suffering from erysipelas. I found the parts, previously united, again open, the bone exposed, and the patient delirious. I then learned that he had been addicted to taking a large quantity of stimuli. The pulse was irregular, not intermittent, but easily compressible; sometimes the arteries appearing to dilate, and sometimes to contract more than natural. I immediately sent for a pot of porter and a gill of gin, and gave it into his hand, when he took nearly the whole at a draught, went to sleep, and awoke after many hours perfectly sane. The erysipelas subsided, healthy granulations formed on the stump, and by the continuance of a moderate quantity of stimuli, he went on without a check, and did well.

One, perhaps, of the most trifling injuries inflicted by an operation, is that for cataract. However, sometimes patients, at an advanced period of life, lose an eye from the want of power to carry them through the cure. A short time since I operated on a feeble, man between sixty and seventy years

of age, and extracted a cataract. Two days after, the apothecary came to say that the man was complaining of pain. The apothecary had employed leeches and blisters to subdue inflammatory action, but seeing that the patient's countenance was pallid, his hand cold, and the pulse irregular, I decided on giving stimulants, in spite of local pain, redness, and swelling. I ordered him a dinner of good broth, meat, and beer, and also a small quantity of spirits. On the following day but one, when I paid the usual visit with the pupils, we went up to see the man, and, rather to my surprise, the section was united, and the eye appeared as if no untoward symptom had followed the operation. The stimuli saved the eye. We have farther illustrations of this point in *erysipelas*. In one instance a patient recovers rapidly under the abstraction of blood, and in another it would be injurious. Abraham's Ward, being low and close, was formerly especially the seat of such cases in this hospital. In that ward I have had four or five patients suffering from erysipelas at once. One of the patients has been taking five grains of quinine every three or four hours, and a pint of porter and a bottle of wine a day, and he has recovered; and the other, a bed or two off, has done well under loss of blood and powerful purgatives.

Applying these views also to medical cases, I formerly had many opportunities of conducting *post-mortem* examinations in the hospital and out of it, and of examining cases where the patients had died of fever, and (in children) of measles, scarlatina, and so forth. In many of these cases we found that the patients had suffered from a serous effusion. Very often rallying from the primary disease, children are seized with local pain in the chest, in the liver, or head: some important viscus has, *according to the doctrine generally taught*, apparently become congested or inflamed. The fact I believe is, in most of these instances, that the viscus has really suffered from a *deprivation* of blood, and death is consequent on serous effusions. Thus you will find the cellular tissue of the lungs gorged with serum; the cavity of the pleura half full of fluid; and, where the symptoms affect the brain, you find its effusion in the ventricles at its base. Thinking over these cases, and conceiving them to be somewhat analogous, I was led to make the above observations. Where there is strength there is no objection to moderate counter-irritation; but where there is irregularity of circulation, the abstraction of blood is always mischievous. The great reason why such depletion is resorted to over and over again is, the slight temporary relief which it affords. In the case before us the man was cupped and leeched, and he appeared to be better for a short time, but he afterwards became more restless and disturbed, and then he was relieved altogether by stimulants. If such patients were put on good diet, and had warm clothing and pure atmosphere, I believe very many cases less would be lost than there are at present, under circumstances such as I have named.

HYDROCELE TREATED WITH SETON.

Case 1.—Richard Drake, ætat. 32, admitted under Mr. Green, April 3, 1835. Of unhealthy aspect, rather stout, fair, and intemperate. Twelve months since he struck his scrotum against a gate, and it became tender and rather swollen; these subsided, and in three weeks he noticed a swelling at the lower part of the scrotum, unaccompanied with pain. It first increased, and then remained stationary for six months, after which it again increased. The scrotum is now about the size of a very large pear; fluctuation is very distinct, but there is only slight transparency. The testicle is situated about the middle of the hinder part of the tumour.

May 20. The operation was performed as follows:—A trocar and canula having been introduced, about eight ounces of fluid were drawn off. The canula still remaining in, a needle six inches in length and as thick as a probe, with a trocar point at one end, and an eye at the other, was introduced, armed with twelve threads of ordinary seton silk, into the canula, and having been carried upwards perforated the tunica vaginalis and integuments, near the upper and fore part of the swelling, and was drawn out by that aperture. The canula was then removed, and the ends of the thread were tied loosely together over a space of about two inches.

21. Eight a.m. Slept tolerably well; slight headache; tongue white and moist; rather thirsty; skin warm; pulse 90 and full. The scrotum is about half as large as before the operation, and has a slight blush upon its surface, but there is tenderness only in the situation of the testicle. No pain in the loins, as in some instances directly after the operation.

One p.m. Headache; skin hot; tongue white and dry, with thirst; pulse 90 and hard. The surface of the scrotum is red, and its size nearly equals that of the hydrocele; it is tender when touched, and he complains of a dragging pain along the spermatic cord. He has also considerable pain in the loins and down the insides of the thighs. The threads were withdrawn after *twenty* hours, and were followed by a drop of pus.

Three p.m. Pulse 86; all the symptoms of excitement are diminishing. The irritation gradually subsided. The effused lymph was absorbed, and the scrotum had resumed its natural size shortly prior to

June 16, when he was presented cured.

Case 2.—William Penning, ætat. 34, admitted under Mr. GREEN, July 1, 1834, a spare man, of intemperate habits. Seven weeks since he strained himself, and on the following morning observed his scrotum swollen at the lower part to twice its usual size. When now admitted, the swelling exhibited the usual appearances of hydrocele.

July 11. The operation by seton was performed as in the preceding case. The seton was withdrawn after *twenty-four* hours, the usual symptoms of inflammatory action having appeared.

Aug. 9. The cure has gone on satisfactorily, and the cavity of the tunica vaginalis having become obliterated, the scrotum has resumed its natural size. He was therefore presented cured.

Case 3.—Thomas Spencer, ætat. 35, omnibus driver, admitted under Mr. GREEN, Sept. 25, 1834, short and stout, but soft and flabby, and his appearance indicating intemperate habits. The disease began four months since, and four days ago the swelling became painful and inflamed; and within this time he applied a hundred leeches, but without material benefit. When admitted, the swelling was about the size of two fists; and, instead of being pyriform, as usual, it retained more the shape of the testicle. It was tender on pressure, and quite transparent.

Sept. 30. About twelve ounces of fluid were withdrawn, and the seton was introduced as in the other cases. He passed a restless night, and next day the scrotum was swollen to about a third of its former size; is red and painful, and he has some pain in his loins, accompanied with slight fever. The seton was withdrawn after *twenty four* hours.

Oct. 3. Swelling and pain somewhat diminished, but the redness still continues.

6. The swelling continues subsiding, but the scrotum is still painful on pressure. In other respects he is much improved. On the 10th he was discharged for disorderly conduct.

Remarks.—These cases are intended to illustrate a plan of treatment, of which Mr. Green says, "that although not altogether novel, it may, perhaps, be deemed an *improved* method of effecting the radical cure of a hydrocele." Mr. Green's clinical observations on the patients extended to the particulars of five other cases. Of the above cases, he says, "the first completely answered my expectations. The second and third were also completely successful, and we have only to draw attention to that result." On the other five cases he observes, "The first case was a partial failure, for the seton was withdrawn too early, in consequence of the pain experienced after a very few hours. The operation was performed at one o'clock, and the seton was withdrawn at ten. Probably the irritation tended to produce a quicker re-accumulation of the fluid afterwards, for it was performed again, and it is worth notice in this case, that the same individual evinced much less disposition to inflammation in the second operation than in the first, although the second operation quickly succeeded the first." Another was successful, excepting that there was a little suppuration in the cellular membrane. In another, suppuration took place in the cavity of the tunica vaginalis, which rendered it necessary that the tunic should be slit open, in order to allow the escape of the purulent fluid. In another the success was not complete, but in that case it appears that two previous operations by injection had entirely failed. In the last case a second operation was required. On the subject of the radical cure of hydrocele, some remarks, amongst others, to the following effect, were made by Mr. GREEN in a clinical lecture on the subject:—

"The object of the radical cure is that of causing such a *change* in the tunica vaginalis as will prevent the reaccumulation or reproduction of the fluid. It is generally stated, that the object is to *obliterate the cavity* of the tunica vaginalis, by causing adhesion of its sides, but a preparation in this hospital exhibits a tunic, taken from a person in whom the radical cure was effected by injection, and in whom no fluid was reproduced, with the cavity as perfect as it might be in the healthiest person. I can very well conceive that a slight inflammatory action may take place so as to close the exhalent arteries, at any rate in sufficient number to prevent any redundancy of the secretion. I strongly suspect, that in many instances of the radical cure of hydrocele, no more has been done than is to be seen in this preparation; and if we could always hit the quantity of inflammation which should produce this, and *no more*, it would be a better treatment than causing the obliteration of the cavity. But, unfortunately, under all the plans of treatment hitherto adopted, the quantity of inflammation cannot be regulated; unless, indeed, in the cases above cited, a method is offered which will aid us in adjusting the requisite degree of inflammatory action. Surgeons, however, conceiving that the object was the obliteration of the sac, have adopted various plans of a very severe kind, often unsuccessful, and sometimes fatal, viz. the method by *incision*, which consisted in laying open the cavity of the tunic from top to bottom; that by *excision*, in which the whole reflected portion of the tunica vaginalis was cut away; the method by *caustic*; the plan of *seton* as used by Mr. Pott, who carried a seton through the tunic, and, then allowing it to come away by ulceration, thus laid open the tunic.

These were all adopted to cause suppuration and excite a granulating process by which the cavity should be filled up and obliterated.

"The treatment most generally adopted at the present day, is that by *injection*, and I suppose that most surgeons would be ready to bear testimony to thousands of hydroceles cured in that way, without the least ill consequence; but so uncertain is the degree of inflammatory action that will be excited, that under apparently the same circumstances, the inflammation will be in some cases excessive, and in others insufficient. There are likewise no circumstances by which a judgment can be formed, at the time of the injection, as to what exactly the *subsequent* effect will be respecting the quantity of inflammation. One person will complain of extreme pain from the injection, and, perhaps, rendered cautious by that symptom, you allow the fluid to escape; but notwithstanding this pain, he may not have sufficient inflammation to cure the disease. Another patient will scarcely complain of any pain, and you are perhaps induced to allow the fluid to remain within the tunic a longer time than ordinary. But instead of the inflammation being proportionate to the pain, there may prove excessive inflammation, which subsequently is both inconvenient and dangerous to the patient But there is another objection to the plan of injection, which rather applies, however, to a possible want of skill in the operator. The stimulating liquor may be thrown into the cellular membrane of the scrotum instead of the tunica vaginalis, or escape into the cellular membrane instead of through the canula. The accident may easily take place; I recollect a case in which a patient died from it.

"After weighing all these circumstances, it struck me that if a seton were carried through the tunica vaginalis, there would be a sufficient source of irritation, and at the same time the opportunity of *regulating its degree*, that is, that the seton might be allowed to remain till there were symptoms of such a degree of inflammation as is requisite for the change necessary to be produced in the tunic, and that the seton might then be withdrawn, and no further effect be produced than is necessary either to change the surface of the membrane or obliterate the tunic. Generalizing the facts which have occurred in eight cases thus treated, I venture to say that the plan of treatment is well adapted to answer the end for which it was intended. In one case there was excessive inflammation, and a *suppurative* process in the tunica vaginalis; and the possibility or probability of this occurrence is perhaps the most serious objection to the operation. It might, indeed, raise a doubt on the principle itself of the operation. You introduce an extraneous body into the tunic, and allow it to remain till inflammation is produced, and it is possible that the inflammatory action excited by extraneous bodies may tend to the *suppurative* instead of the *adhesive* form of inflammation. As, however, this result was only observed in *one* case, and no such disposition was manifested in a number of cases, of which the success was perfect, we are perhaps warranted in drawing a conclusion generally in favour of the effects of the seton. Of course future cases (and I shall continue the plan) will decide the point. I should state that the requisite inflammation is attended with the ordinary symptoms of pain, heat, swelling, some redness, and some constitutional affection. There should be, I think, some affection of the pulse, some indication of febrile action, before the seton is withdrawn. The threads may then be removed; I believe you then will have excited inflammation enough to cure the disease. So that it is not whether the seton has remained in ten, twelve, or twenty hours, but whether the requisite inflammation is produced. Perhaps twenty hours is about the average time for the seton to remain.

"This plan of exciting inflammation by a seton will answer your purpose in various other cases, as in ganglions, when you cannot get rid of by bursting them under the skin, or by puncturing them with a surgical needle, and which it would be dangerous to remove. Enlarged bursæ may be treated in the same way. The surfaces of these cysts being thus brought into contact, you obtain adhesion. I have done it repeatedly, and in hydrocele of the thyroid gland. I was consulted respecting a large swelling which was evidently situated in the thyroid gland, in a lady. Many plans had been adopted but without success; I had no inducement therefore to go through the same routine of remedies. It appeared to me quite clear that there was a cyst containing fluid. I accordingly introduced a canula, by means of a trocar, for the discharge of the fluid. I then carried a seton through the cyst, and allowed it to remain till what I considered a requisite degree of inflammation had been produced. The result shortly was that she became completely cured, and she remains well to this day."

LONDON MEDICAL SOCIETY.

Monday, Nov. 16, 1835.

Mr. CLIFTON, V. P., in the Chair.

TREATMENT OF BRONCHITIS.

MR. ROBARTS, the secretary, read a paper on acute bronchitis. He observed, that bronchitis was not named by authors prior to the present century, and he thought, that had it not been for the introduction of the

stethoscope, the disease would have remained undistinguished even up to this time. In infants he considered it not unfrequently complicated with pneumonia, and sometimes terminating in croup; or, on the other hand, croup terminating in bronchitis; the last of which, he thinks, is the most common. The functions of respiration were more prominent in bronchitis than in pneumonia. As to the severity of the disease, he was convinced that practitioners would generally do well to leave nature to accomplish the cure her own way, for the more they attempted to do, the greater number of patients they lost. In the young, if left to nature, not more than one in fifty cases would be lost. When he first entered the profession, he adopted the depleting treatment of the day, and the result was, that he lost nearly every patient. Fortunately for his patients, one child fell under his observation which got well without any treatment; and a second case recovered through the administration of wine. With these examples before him, he was induced to adopt more simple remedies; and since then, his mode of treating bronchitis in young children had been altogether as successful as it was before unsuccessful. His remedies were of the mild kind, but the greatest benefit he had derived was from the vin. sem. colch., combined with, or followed by, purgatives. The effect of colchicum in bronchitis affecting children was very remarkable. If given when the child was apparently dying, relief followed in a few days, and the cough, frequently so troublesome, was arrested by it sooner than by any other remedy. In old people he employed bleeding pretty freely, followed by purgatives; and as in them it was a severe disease, he would recommend a combination of the two. The advantage of purgatives was made known to him through the mistake of an errand-boy, who carried some powerful aperient medicine, which was prepared for another patient, to one who was suffering severely from bronchitis, and on whom it operated copiously, and effected a complete cure. He objected to blisters, and was surprised that practitioners had so great a predilection for them in this disease; and opium he looked upon, if not as a fatal remedy, certainly as always injurious. He had also found expectorants prejudicial, for the expectoration was profuse in the first few days of the attack, but as the inflammation progressed, the secretion ceased, and it was vain to attempt to reproduce it by expectorants.

Dr. Chowne begged to remark, with reference to the interesting paper which had been read, that Mr. Robarts must have misunderstood Cullen, when he implied that the disease had not been mentioned by that writer; for Cullen decidedly spoke of catarrh as bronchitis, and described the symptoms word for word, as Mr. Robarts had done, Cullen himself saying, that writers called the disease by different names. Laennec preferred the term of catarrh to that of bronchitis; and to prevent it from being misapplied to designate a simple cold, he divided it into active and passive. Dr. Duncan also had described the disease, and admitted that consumption might supervene thereon.

Mr. Jones believed that the first author who had used the term "bronchitis" was Franks.

A Visitor differed *in toto* from Mr. Robarts, for, in his practice, he had found the utmost service from calomel, ipecacuanha, and tartarized antimony, and leeches, in bronchitis; few cases he thought admitted of the warm-bath, except at the commencement of an attack.

Mr. Headland believed that the proper mode of treatment would be less disputed, if we understood what was meant by the term "inflammation." He agreed with Mr. Robarts, that if the antiphlogistic treatment was pushed far in children, failure would generally result, the lungs in children not having the power to withstand powerful remedies. Calomel also had failed to be with him so decided a specific as many practitioners professed to find it. When the condition of the lungs arose from a congested state of the circulation, accompanied with a quickness of pulse (query slowness?) and a difficulty of breathing, stimuli would be found beneficial. In old people, he would recommend a more moderate treatment than that advised by Mr. Robarts, and would also give opium and calomel, and he would strongly recommend mustard poultices to the chest.

Some other gentlemen also gave their opinions on the treatment, not a whit less contradictory as regarded the principles and the remedies, and we therefore refrain from recording anything farther on the subject on this occasion, excepting so far as to say that bronchitis was generally considered, by all the speakers after Mr. Robarts, as demanding more care than nature herself was disposed to give to it.

Mr. Robarts briefly replied, urging reasons for still retaining the opinions expressed in his paper.—The meeting was then adjourned.

Monday, November 23, 1835.

Dr. Whiting, President.

RINGWORM. — DEATH FROM MORISON'S PILLS.—ARTIFICIAL FEATURES.

The time was very much occupied this evening in discussing the subject of ringworm, which was incidentally brought forward by Dr. Leonard Stewart, who has by accident found three or four obstinate cases of this disease yield to the appli-

cation of a weak solution of opium* (one drachm of the tincture to a pint of water) after various other remedies had been uselessly tried for some months. No constitutional treatment was required. Dr. Stewart asks, Is it an effectual remedy, or accidental? Very little notice was taken of the remedy by the members, who admitted that the opium had not over-acted its part, for some cases got well without any treatment, others certainly from merely being sent into the country: and others, again, from being treated by leeches, and with evaporating lotions.

Mr. CLIFTON strongly recommended a wash composed of ℥ss of the strong sulphuric acid, with ℥i of water, which he (Mr. C.) believed, after an experience of twenty-three years, possessed advantages over all other remedies. The nitrate of silver would insulate the disease, and destroy its contagiousness. He regarded every species of the disease (except porrigo favosa) as purely local.

Mr. HEADLAND said, that experience had convinced him that ringworm arose from a depraved condition of the fluids of the body, which being corrected, local treatment might then be used with advantage. He named the juice of lemons as a remedy, in doses of half an ounce, or more, taken internally. The effects of the remedy on the altered fluids, in conjunction with the local disease, were commented on. Some remarks were offered on sea-scurvy, but we have not space for further details.

Dr. JOHNSON informed the Society that a lady whom he had visited, had that day died from taking Morison's pills. When he (Dr. J.) was sent for he was from home, and on returning in less than three hours afterwards, he found a second message stating that she was dead. On Friday last, the lady purchased two boxes of "Morison's *mild* pills," of which pills she took eight, ten, and fifteen a day, without effect. A stronger quality were then had recourse to, and the result was fatal. The symptoms produced were, violent hypercatharsis, inflammation of the bowels, coma, fever, and death.

Mr. CURTIS presented a man to the notice of the Society, of a tolerable appearance, who wears a "false nose," a "false palate," and "false spectacles," who before the poor fellow's ingenuity had suggested these contrivances, was said to have been a most deplorable-looking object. The nose was carved from box-wood, and fixed with firmness into the frame of the spectacles, the use of which latter would not otherwise be required; a thin fold of cotton forms the artificial palate, but a small portion of the natural palate remains, and much assists the adaptation of the artificial one; in the immense cavity occasioned by the entire destruction of the nose, he places a piece of sponge, which absorbs the moisture, and considerably assists articulation, which (when his "artificials" are arranged, which is almost momentarily accomplished) is distinct and loud, but without them the utterance appeared nearly inaudible. His made-up appearance seldom is detected.

After the adjournment, most of the gentlemen present added their names to the address of condolence to be presented to Mr. Kingdon.

* The tinct. opii, sometimes used pure, at other times diluted, is an old and occasionally an efficacious remedy in some conditions of porrigo.—*Rep.*

WESTMINSTER MEDICAL SOCIETY.

Saturday, Nov. 14, 1835.

Mr. RICHARD QUAIN in the Chair.

MINERAL MAGNETISM.

Dr. SCHMIDT (of Berlin) was announced to read an essay on the application of mineral magnetism for the cure of various nervous diseases. The subject occupied attention during the greater part of the evening, and was adjourned finally to another meeting. In introducing his subject the author premised that mineral magnetism was totally distinct from animal magnetism, and that the magnetic influence acted solely on the nervous system. He then gave a history of the science, and described the doctrines of all authors who had advanced opinions on the subject. In accounting for the magnet having fallen into disuse, he said it arose from an opinion that the cures effected by it were not lasting, the reason of which was that the magnet was never applied systematically, and only by way of experiment. To accomplish cures, powerful instruments must be employed; for the minor magnets could only remove trivial diseases, and even in them frequently failed. Of the instruments employed three were named; first, the *horse-shoe magnet*; second, the *magnetic staff*; third, the *magnetic plates*. The curative power of the first is in direct proportion to its power of attraction, and that is the chief instrument employed to perform magnetic cures. The five-fold *horse-shoe magnet* consists of five simple horse-shoe magnets horizontally placed, and closely adapted one to the other, the centre magnet being the longest and thickest, the others each gradually diminishing in length and thickness, the arrangement being thus made in order that the power of attraction might fall in the centre, or, rather, that each magnet might not be exerting its influence on the needle at the same time separately,—for its power of attraction then would be only $5 \times 5 = 25$, instead of $5 \times 5 \times 5 = 75$, its cube. The power of these may be made to vary from

70 to 120 lbs. Larger magnets are only necessary in extreme cases, or where it is desired to transmit the magnetic fluid to interior organs, as in cases of deafness, for then magnets of from 200 to 500 lbs. power of attraction must be employed; of which power he (Dr. S.) has constructed some. The *magnetic staffs* are only applicable in cases of toothache. The *magnetic plates* are used where the horse-shoe magnet cannot be applied; as when magnets are required to be fitted to any part of the body. For the treatment of diseases with either kind, either powerful instruments were used from time to time, or the continual influence of magnetism was employed, by the patient wearing small magnets for some time on the part affected. The former is either topical or general, and employed in a certain order, with one or two poles, and with one or two instruments, always following the course of the nerves in passing them. According to the theory hitherto followed, it is supposed that the "friendly" poles as they are called, ought to be placed opposite to each other, in order to lead a magnetic stream through any part of the body. The reverse he (Dr. S.) would prove to be the fact. (This was demonstrated with a sheet of cartridge-paper placed between the magnets and some iron-filings, and with a bar of soft iron placed between the magnets.) For the application of magnetism, the patient may be placed in any position. If the eyes are to be operated on, the magnet is fixed for some minutes on the eye itself, and then passed several times across the upper and lower edges of the eyelids, commencing at the corner of the eye; and then several times from the forehead downwards, in such a manner that both eyes are touched at the same time. Sometimes the desired effect is not produced until the poles have been changed several times. For deafness the patient is seated between two magnets, so that the poles exactly fit in the plates of two small instruments, which are introduced into the organ. These instruments are made with an oval disc, one inch long, and half an inch broad, of soft iron, in the centre of which is fixed a black pin, one inch long, and one line in thickness. The operation may last from five to fifteen minutes. The magnet is then placed over both sides of the head downwards. For the toothache, he (Dr. S.) usually fixes the north pole first on the painful tooth, and if not relieved, then applies the south. If obstinate, he touches the gums with either of the poles, or passes them across the cheek, where the pain is most acute. The magnet should be first warmed. The general magnetic treatment ought to succeed the topical, especially if debility exists. The last division of his subject, Dr. S. divided into the effects of magnetism on the healthy and on the unhealthy. As to the first, we need simply say, that until he proved to the contrary, mineral magnetism, Dr. Schmidt said, was always declared to have no influence on healthy parts. Secondly, On the sick, magnetism is either soothing or exciting. Dr. Becker says, "Very often the patient considers that he has no sensation at all from it, but generally in the course of time, he experiences an effect from it." The sensations are, with some slight modifications, the same in all cases, viz., cold, warmth, increased sensibility, and pulsation, and numbness and insensibility in the part affected. These sensations, except the last, increase gradually, and then become weaker, until at last they disappear entirely. Dr. Schmidt concluded his paper, by saying that the effects of magnetism appear very often instantaneously. That they are not local, and that the diseases in which magnetism exerts a curative power, are those in which the sensibility or mobility of the nerves is heightened, or where the nerves are over-excited, as in tic-douloureux, headache, &c.; in spasms of the stomach, palpitation of the heart, hooping-cough, epilepsy, and convulsions; or where in the nervous system there is a want of action. Also, in some diseases not purely nervous; as in rheumatism, gout, suppressed menstruation. During the catamenia, or during pregnancy, it must not be used. Lastly, The doctor said that it was his conviction, that magnetism deserves a preference over all other remedies, in the diseases above enumerated. At the end of his Essay, Dr. SCHMIDT read an extract from *Hufeland's Journal*, for September last, speaking in commendatory terms of the science of magnetism. Dr. Schmidt then showed that the power of a magnet might be given to iron, or destroyed in a few seconds, a fact which was first made known by Dr. S. The process of destruction consisted in passing down the poles of one magnet, against the like poles of another magnet, commencing at the curve of the instrument. To reproduce the power, the poles were reversed in the passing motion, commencing also at the curve. Dr. Schmidt attached considerable importance to this experiment, for he says that when the power of the magnets becomes deteriorated, it is easily restored; and failure, which must frequently before have attended its application for the cure of diseases, could now be readily obviated.

Saturday, November 21st, 1835

Dr. ADDISON, President.

MINERAL MAGNETISM.

The subject of mineral magnetism was again introduced this evening, with much amusement, though not with much profit, and the discussion was closed with an intimation from some of the members, that the

turn which it had taken was not consonant with the objects of a medical society. Dr. SCHMIDT, of whose talents it was impossible to avoid forming a favourable estimate, and who addressed his audience in the English language with a correctness which many speakers of our own nation might be glad to reach,—recommenced the subject by repeating some experiments, concluding, however, rather abruptly, and leading the discussion into a direction which lost for magnetism its chief claim on the attention of the Society. One experiment was designed to prove the discovery of Dr. Schmidt, that more magnetic power exists between the north poles of two magnets (a space intervening between them) than between the south poles, and that therefore in employing horse-shoe magnets on a limb, it was erroneous to oppose, on each side of the limb, a north pole to a south, and a south pole to a north, as the remedial process had always hitherto been performed, and always, consequently, with less success than by his (Dr. S.'s) mode. Testing this statement by experiment, the result seemed to bear witness to the correctness of the allegation.*

The experiments called on his legs Mr. BIRD, who gave some designation to them which Dr. Schmidt did not consider very courteous. Considerable disputation resulted, for Mr. Bird denied the correctness of almost every proposition of Dr. Schmidt, and then, between various parties, began a series of not very obvious, or very conclusive, or very-well-explained experiments with magnets and iron filings, accompanied by diagrams on a black board, all, too, so purely theoretical, that a *moral*, only,—which there is no need to explain—could be drawn from them. Yet the exhibition was tolerably entertaining, and might, had the philosophers been better agreed as to first principles, been useful to a majority of the audience, of whom Dr. Johnson afforded a good specimen, when, with rather unhappy look, he remonstrated, at the close of two hours, on the time of medical men being occupied so long on the mysteries of "north poles" and "south poles," magnetism by direct procedure, and magnetism by induction. "Let us know," he prayed, "what diseases magnetism will cure. We care not what influence it exerts over mariners' compasses, or bunches of keys, or steel dust."

Mr. Bird declared, as we have said, that Dr. Schmidt's proceedings were all "flimsy," and pronounced the chief results to be the simple results of magnetism by induction Mr. Bird, however, was himself sharply hit on the knuckles by Mr. Everitt, who suddenly interfered, "in order to save the time of the Society, to remind the young gentleman that those who were better acquainted with the subject did not admit the truth of the positions on which Mr. Bird was basing the whole of his objections." Mr. Bird, in fact, was proceeding to prove that the relative quantity of the magnetic fluid at the positive end of a bar of soft iron, would be shown by the power of attraction exerted by it over particles of iron filings represented thus, $\times 3 - 2 = 1$; or, that in the horse-shoe magnet, at its north or positive extremity, the magnetic influence would be represented by $\frac{2}{3}$; at its angle or intermediate space by 1; and at the south, or negative extremity, by 0. This problematic experiment Mr. Everitt sought to show was in direct opposition to the "indisputable fact," that if a bar of iron were divided into any number of parts, no piece or division of it would contain more magnetic fluid than any other, provided the size of each division or compartment was exactly of the same size as each of the others, and if the division be carried down ever so low, the fact would, he contended, still be obvious.

Mr. BIRD met this charge by declaring, as he did on each other occasion on which an experiment or argument was used against him, that he regarded it as a beautiful example of the theory he himself wished to advance; but having stated the theory and the objection, we must be content, from want of space, without giving further details on this point. Mr. Bird apologized for presenting himself to notice, and stated his object simply to be to defend the reputation of several great men whose views were opposed by the theory of Dr. Schmidt.

A degree of interest was here given to the disputation, by the reply of Dr. Ritchie to a call from several members for his opinion on the points advanced, but we are compelled simply to say that that gentleman with much clearness developed the best-accredited views on some points in magnetism, commenting briefly on the theories expressed by previous speakers, which, however ingenious, he did not consider correct in many respects. Circumstances, however, which we cannot stay to explain, prevented the impeachment of Dr. Schmidt's views from being sustained. Indeed, the time and apparatus did not admit of experiments in any respect conclusive upon any important point under debate. At the next meeting the medical division alone of magnetism is to be canvassed, when the subject will most probably be concluded. We may here observe that Dr. Ritchie stated that he was not of opinion that magnets generally could be advantageously used in the cure of diseases, though he certainly had seen one

* Dr. Schmidt also showed a method of obtaining the magnetic spark by means of a very simple apparatus, constructed as follows:—A piece of soft iron, round which a copper wire is twisted, the extremities being amalgamated with quicksilver, is placed over the poles of a magnet. On one is fixed a small copper plate, and the connection being then forcibly broken, the magnetic spark is vividly produced.

or two very curious results follow the application of the galvanic battery. In justice to Dr. Schmidt, we may state that he appears to be perfectly candid and open in all his explanations relative to the "mysteries" of mineral magnetism as a remedial agent in disease.

MEDICO-BOTANICAL SOCIETY.

Tuesday, Nov. 24, 1835.

EARL STANHOPE, *President, in the Chair.*

SOME beautiful specimens of the acacia, catechu, manchean gambeer; specimens of the greater and lesser cardamoms, and of the grains of paradise, this evening were exhibited as presents from Professor Martius, with a view of obtaining, through the medium of the Society, correct information as to their proper classification and derivation. Mr. Iliff and Mr. Battley also presented specimens, with a view to ascertain whence they were procured.

Dr. SIGMOND drew attention to a new sort of catechu, lately introduced into this country, which he said was superior to any hitherto imported, from its presenting a much larger quantity of tannin than the other species of catechu. The new species had been introduced by the cotton manufacturers of Manchester, who have found it yield a valuable dye. Dr. Sigmond then made some remarks on the different varieties of cardamoms. The medicine is brought from Singapoor, but as that is a free port, it is difficult to ascertain its original locality. The other variety (samples of which, particularly fine, were on the table) is brought from Java and Ceylon. Professor Martius seems to think that the grains of paradise are in fraternity with the larger cardamoms; but Dr. Sigmond said, that whoever tastes the paradise grains, will, from its peculiar flavour, readily perceive the difference.

Mr. ILIFF said it was impossible to arrive at a proper solution of Professor Martius's questions, until the different importers had been consulted.

Dr. RYAN also made some observations on the catechu and cardamoms.

A paper was then next read on the different barks of Guiana, forwarded to Dr. HANCOCK, who transmitted the paper to the Society. A splendid branch from the castor-oil tree (ricinus communis), reared in the Society's gardens, the property of Mr. Gibbs, was presented, covered with seeds, and although grown in this country, it was as perfect as one of those sent from the East or West Indies. The capsules were exceedingly beautiful, covered with rough spines, and just bursting to expel the seeds. Specimens of the pulp of colocynth, pure and impure, were also laid on the table, and some of the watery extract of bark, which Dr. SIGMOND (when alluding to the properties of different drugs) said ought to supersede the sulphate of quinine, for it contained "nature's own acid," and the gallic acid, combined with the alkaloid, without having to pass through the numerous manipulations of the chemist, which rather obtained educts than products. The Society was then adjourned.

ERRATA.—In reports of Medical Societies last week, at page 313, line 8, for *cancer* read *an exostosis*.—Line 33, erase the words between parentheses.—In note, at page 316, line 6, for *combined* read *uncombined*.

An Inquiry, Physiological and Pathological, into the Proximate Cause of Cholera. By PROTHEROE SMITH, M.R.C.S., Sen. Surg. to the Farringdon Dispensary. London: Baillicre. 1835. pp. 39.

To know the first tissue in which a disease commences, is not to know the "proximate cause of that disease;" nor does a knowledge of the first step which a disease takes, imply a knowledge of its "origin." To inquire into "the proximate cause of cholera," is, in reality, to carry research up to the identical cause of the first derangement of the earliest tissue affected. Over the *cause* of cholera we agree with the author that "a cloud of mystery hangs;" but from around the chief features of the disease itself the mist we think is now dispelled, and amongst those who have helped to clear away the vapours, we must rank Mr. Smith. The modes of treatment which are urged to cure the disease are as various as they seem to be, first, because so many medicines produce the same ultimate effects on the animal economy; and, secondly, because the profession do not choose to agree on the therapeutic details which their therapeutic doctrines might teach them. That the view we take of the "cause" of the disease is held by Mr. Smith himself, the following sentence demonstrates:—

"Mental disquietude, or atmospheric influence, often exists as an exciting cause of diseased action, producing effects on the sensorium similar to those caused by external bodily injuries, and often inducing more suddenly the results above enumerated, as is instanced by imbecility or death occasioned by fright or grief, and by epidemic disorders arising from miasmata and other like sources. Thus, even when the exciting

cause of disease is not cognizable to our senses, it often produces sequelæ more violent than the results of extensive corporeal injury."—p. 10.

He puts aside the cause of the disease in order to discuss the conditions of body under which its phenomena occur.

"I proceed to the inquiry of those conditions under which occur the various phenomena constituting the disease under consideration. Of the ultimate cause, or first principle, from which cholera results, I shall not attempt to offer any other solution than that it depends, and is consequent, on the will of the Great Author of Nature. * * * I therefore leave the subject to those ingenious speculators in mysteries whose time is their least valuable commodity,* and shall proceed to treat of the proximate or immediate cause from which the evidences or symptoms of the epidemic cholera directly proceed."—p. 11.

The terms "proximate," "ultimate," "first," "exciting," and "immediate," are prefixed to the word "cause," in medical discussions, in a manner which questions in the exact sciences will not allow. But the error is great, and we constantly find mischief to arise from the misapplication of these adjectives in medical writings. Any morbid change produced in the body, even the very first and minutest of a chain, is the disease itself, or a part of the disease, and not the *cause* of the disease, either proximate, exciting, ultimate, or immediate.

Having stated our own view of the title, we proceed to give some account of the author's object in the contents. Mr. Smith divides the disease into the usual three stages, which he discusses in a plain and conclusive manner. The "preliminary symptoms," he says, "evidently indicate a disturbance of the primæ viæ, and the peculiar action of the exciting cause is clearly that of morbid impression on the follicular apparatus of the intestines." Taking the liberty ourselves of condensing his views, he proceeds to say,—

"Conscious of the attack, an effort is made at the brain to resist the assailant, and an inordinate action is established in the alimentary canal, while the heart's action is greatly increased to supply the means for the extensive alvine discharges. This constitutes the first excitement, or preliminary fever, in which bold bloodletting is the only effectual remedy; but these symptoms precede the complete seizure by so short an interval, that the application of means is sometimes precluded, and some have even doubted their existence. The increased exertion continued in the sensorium, would be alone sufficient to induce collapse, from the inertia following unusual exertion of any function; but this sequela is accelerated also by a rapid loss from the very fluid on which nervous energy depends. The immense defluxion from the intestines robs the blood of its saline and serous particles, and renders it thick, tenacious, and unsuited to circulation, necessarily requiring an increase of power in the heart to propel it through the usual channels, supposing they were of sufficient caliber to admit this thickened fluid. The result is, want of pulsation in the extremities, cold superficies, deficient pulmonary circulation, and, consequently, imperfect decarbonization of the blood, suppression of the renal functions, and consequent contraction of the urinary bladder. The voluntary muscular contractility of the body, now altogether uninfluenced by the nervous power, becomes violently and involuntarily active and irregular, which accounts for the peculiar characteristic of this stage of the disease. The continuance of these morbid actions frequently carries off the patient. There is a cessation of muscular spasm consequent on paralysis, from vascular engorgement, or effusion into the cavities or substance of the brain, which, from the heart being gorged with blood too dense for distant circulation, is overcharged; serous, or sanguineous effusion, or apoplexy, closing the scene. When the patient recovers from this state, the third stage results, usually presenting all the concomitants of *typhus*, a disease too well known to need description. Thus we have successive resulting states, which have their origin in derangement of the *primæ viæ*. In support of these views, I will cite a few post-mortem examinations, which, I think, will substantiate my opinions, inasmuch as they all evince great cerebral disturbance of the brain."—p. 13-16.

We have already so many autopsies of cholera patients on record in our Journal, that we shall withhold extracts from this part of the pamphlet.* Suffice it to say that

* These are the very gentlemen whom cholera demands. With more time there would be fewer mysteries. Which, indeed, are now the "*mysteries*" in cholera, if the real *causes*—proximate, exciting, or what you will—be not?—Ed.

* With one exception:—In the last case recorded the author says, "The fingers crackled on being straightened, which last circumstance was thought by M. Halma-Grand a peculiar characteristic of cholera;" and he adds, "I might recount several other cases, but think the foregoing sufficient to show the frequency of cerebral derangement

those "post-mortems" which the author—who has had excellent opportunities of observing the disease — has cited from his note-book, justify the views he has expressed. Relative to his own plan of treatment the author says,—

"The plan most in accordance with my views, has, in general, proved of most avail. Mr. Kennedy, in his valuable work on cholera, asserts, that his plan of remedying this malady has proved more successful than any he has seen practised, and the evidence of the mass of authors on this subject has a similar tendency."—page 28.

The plan of Mr. Kennedy is well known. The details of Mr. Smith's plan are fully given in his pamphlet, which contains the result of much observation in a very small compass. Of his experience he says,—

"I availed myself of an opportunity for extensively observing the morbid appearances of this disease in the autumn of 1832. Through the introduction of Mr. Kiernan, I became acquainted with M. Halma Grand, who was deputed by the faculty of Paris to investigate the nature of cholera in London, previous to its appearance in France. I assisted this gentleman in his post-mortem examinations, and collected accounts of a large number of cases."

in this disease. It would be well, perhaps, to observe, that in a case I examined, which died in the last or *typhoid* stage of the disorder, there existed, in conjunction with other appearances, extensive ramollissement of the brain."—p. 23.

THE LANCET.

London, Saturday, November 28, 1835.

WITHIN a very few years the fact of the metropolis of England not having become an University, under the sanction of an Act of Parliament, or the authority of some royal decree, up to close of the year 1835, will be considered one of the most extraordinary circumstances that can be related in connection with the history of the literature of this country. It does not even appear that, until a very recent period, the question of establishing an University in the metropolis, has ever been mooted by persons whose character could give weight to their suggestions. When the project was first announced for founding the University which is now proceeding in its successful career in the northern part of London, the projectors were made the objects of contemptuous ribaldry, by the members of that wealthy and influential party which had so long directed the destinies of the empire. Entirely destitute of arguments which could be urged against the philanthropic scheme, the opponents of the measure resorted to every species of slander which malignancy could invent, in order to deter the subscribers from proceeding in the great national work in which they had engaged. It was pretended, indeed, that the idea of founding an University in London, or, rather, of establishing colleges in London, which should confer on the metropolis itself the title of "an University," had originated in a desire to offer an opposition to the national Universities of Oxford and Cambridge. The pretence was the offspring of falsehood, bigotry, and folly. The founders of the University were stimulated by no such unworthy motive. On the contrary, there were to be recognised amongst them men of the most distinguished and exalted attainments,—who were indebted for their learning, and the multitudinous pleasures which they had derived from the cultivation of their minds, to those splendid institutions which it was alleged to be their object to destroy. In the secure possession of a vast amount of real property, sustained and invigorated by a system of electing the ruling authorities, so liberal in its character that it is restricted only by the number of the Fellows belonging to the Universities, what could such establishments fear from competition? Nothing. But whatever benefit the members of those institutions can hope to create from the more wide diffusion of learning and knowledge, must arise from the stimulus of honourable rivalry amongst congregated masses of the literati of the empire, and, in reality, from the exercise of that just and useful invention alone.

The founders of the *University of London*, in carrying their plans into execution, performed a labour which was likely to be followed by advantages of an immediate and not of a posthumous description. They hoped to outlive the successful commencement of their labours, and were not so vain or so foolish as to attempt to enter into a contest with the ancient Universities of Oxford and Cambridge, immoveably fixed as were the latter, on solid masses of treasure, and renowned as they had become throughout the world, as the most celebrated establishments of learning in civilized Europe. There was no desire to circumscribe the sphere of advantages attaching to a collegiate education, which had been created by those venerated seats of learning. On the contrary, the promoters of the great academic enterprise in London sought to widen that sphere, to multiply the opportunities of learning, and to afford to some thousands of the youthful inhabitants of England the means of acquiring, on cheap and accessible terms, a first-rate education in literature and the sciences. The friends of Oxford and Cambridge, therefore, had no legitimate ground of suspicion or jealousy on that occasion, and it is quite certain that the gentlemen connected with the ancient universities, who are the most exalted from the extent of their learning, and command the greatest share of respect for those qualities which most distinguish at once the philosopher and the man, became, at an early period, the advocates of the new scheme, and ardently did they desire that the efforts of its supporters might be crowned with success. Without having received the slightest assistance from the Parliament or the Crown, the claims of the *University of London* to distinction have taken a firm hold on public opinion, and, under difficulties which it may be considered are now surmounted, the institution has passed through a seven years' ordeal, preparatory, we trust, to running a splendid career of national usefulness.

Under circumstances of so favourable a character, we do not expect the proprietors, at their meeting, which is to be held on Wednesday next, will enter into any discussion, or approve of any measure, which can lead to an inference with the thinking portion of the community, that the interests of the University could be advanced, that its reputation could be increased, or that the sphere of its usefulness could be enlarged, by obtaining from the Legislature or the Crown any privileges of a strictly exclusive or local nature. The professors are too generally distinguished for their acquirements, and they must be rendered too independent by their industry, to imagine that the institution could derive any advantages from aids of so dubious a character. Nor must it be forgotten that when the project of founding this University was first opened to view, the sympathies of the public were wooed in its favour, by a reference to the principle of exclusiveness which had so long shut out dissenters from collegiate honours in the Universities of Oxford and Cambridge. Let not, therefore, the new institution attempt at the end of seven years to give strength to AN ABUSE which it was DESIGNED TO DESTROY. The principle of exclusiveness cannot exist, certainly it cannot flourish, in the new metropolitan institution. London itself must become a regularly-organized and acknowledged University in the British Empire, and the great establishment now styled the *University of London* will, we are convinced, throughout many succeeding ages, take the lead under the name of "UNIVERSITY COLLEGE," or some other title, as the most liberal of those academic establishments, by means of which the fame of the University of the British capital will be mainly sustained. It will constitute at once the chief pillar and the brightest ornament of the metropolitan universities, and the names of its founders will be placed by the future historians of the literature of England, amongst those of the chief benefactors of the human race.

Whatever may be the intentions of some of the proprietors in convening the meeting of Wednesday next, we may take this opportunity of informing them that so far as the medical department of the University is concerned, it is not in the power of the Ministers of the Crown to confer upon gentlemen who may be educated in that department of the University, any legal advantages in connection with the practice of medicine. Acts of Parliament present insurmountable obstacles to the granting of any such concessions. It would not be judicious, therefore, to press on the attention of the executive government, questions of such a nature, because, although it may be desirable on the part of some individuals to restrict the view of such subjects within the walls of one institution, it is quite evident that if the matter be once taken up, it must be carried out into a far wider range, and then the value of university distinctions may go far towards being sacrificed by the immense number which it would be found necessary to confer. At present, the University, especially in its medical department, stands in a pre-eminently exalted situation, and under such circumstances we should deplore seeing it become the object of an uncertain and hazardous experiment.

At page 350 we have given insertion to the letter of Mr. G. Bury, relative to the proceedings at an inquest held a few weeks since at Farnham. The contents of the letter indicate little that is favourable either to the judgment or the temper of the writer. The subject, however, has now assumed a somewhat serious aspect, and in the absence of Mr. Bury's deposition before the Coroner, we shall refrain from saying another word on the main question at issue.

With regard to that deposition, Mr. Bury will, of course, be glad to hear that we shall obtain a *verbatim* transcript of it, by moving, on the reassembling of Parliament, for a copy of the whole of the evidence taken at the inquest, as well as of the verdict of the jury. We trust that this announcement will be satisfactory to every person who is anxious to obtain the truth, the whole truth, and nothing but the truth, touching the subject under investigation. It may be very agreeable to the feelings of Mr. G. Bury to exhibit his deposition to the clergyman *at Farnham*, and other respectable friends in that town, but *we* shall not be satisfied until it is laid before the members of the medical profession. When we have obtained possession of these documents, we shall devote a few pages to the discussion of the important subjects which the inquiry involves.

In giving insertion to the letter of Mr. Tarbutt (page 348), we regret that we cannot find space also for a copy of the petition of that gentleman, presented last session to the House of Commons. Mr. Tarbutt will, of course, best consult the independence of his character, and the purity of his motives, by refraining from entering into any contest with his brother governors. It is his duty at once to refer the Committee of Almoners to the office of the charity Commissioners who are now sitting in Great George-street, Westminster. It is time that some inquiry was made into the affairs of *Christ's* Hospital, for it appears, from the official accounts of the hospital of the expenditure of one year,—from December 1833 to December 1834,—that the monstrous sum of 10,237*l.* 17*s.* 4*d.* was swallowed up in that institution in "salaries" alone!

KING'S COLLEGE, STRAND.

In consequence of the small number of medical students who attended this school last year having been diminished less than one half in the present session, several of the eminent professors of the establishment have been anxiously deliberating what course to pursue as regards the future, when Mr. Mayo, the anatomical teacher, was induced to write to Dr. Hawkins, the celebrated professor of the practice of physic, explaining

to him the importance of his retirement from the school, and the necessity of appointing a man of still greater eminence to fill his chair, as one of the principal means of reviving the medical department of the decayed institution. HAWKINS, with a pride which did him honour, rebutted the charge, and for answer returned to Mr. M. a copy of his own letter, merely changing the name of "Hawkins" for that of "Mayo;" whereupon the teacher of anatomy, with an equally-honourable high moral feeling, sent a letter to the Council, containing a resignation of his professorship, which, as he anticipated, was not accepted, so that the school continues to be embellished with two names equally high in the page of medical fame! On another occasion we shall publish the letter.

Dr. WEBSTER has been used very ill at this institution. We are authorized to state that he has suddenly had notice to quit the chair, Dr. PARIS having considered it, after all, too important for his worldly views, to let slip the opportunity of getting into the Strand.

INTERCEPTED LETTER.

"DEAR DOCTOR MACMICHAEL,—You know me sufficiently well, fully to comprehend the salutary influence which a retreat from the busy "haunts of man" to a sequestered spot like this, must have produced, not only on my enfeebled frame, but on my fatigued and harassed intellectual functions; I feel that at my advanced period of life every year gives my constitution a *shake*, and I am sensible that my mind is now much longer in recovering its powers and its wonted vigour,—that there is a greater want of elasticity about me—than when you first knew me. However, I mean not to complain. I am thankful to a munificent Providence for numerous earthly blessings, and the most earnest wish of my heart Low is, to end my days in contentment, and to die in peace with all men!

"This delightful abode affords me, I do assure you, every possible means of renovating my physical frame, and of elevating my drooping spirits; and though I confidently trust that I shall gradually be restored to perfect health, yet it must, I fear, require some time to restore me to my professional labours,—and what, my dear friend, is my fondest wish, to be able to use my best efforts to preserve our venerable institution! As to my *private* practice, you and other of my friends, I am well aware, are decidedly of opinion, that the ample fortune I enjoy ought to make me careless about receiving any more *fees*. I am, however, firmly convinced that if I were to show less eagerness in getting patients, and to pay them fewer visits when my attendance is solicited, I should be less esteemed, and should lose my consequence and importance in the estimation of society. I should then be much less able to support the sacred cause I now uphold, by exercising the power which I possess over many of the most enlightened and elevated individuals, both of church and state,—an influence which all admit I have on many occasions judiciously and successfully exercised, for supporting the dignity and reputation of that elevated branch of the profession to which we both have the honour to belong!

"The time I have spent here in reflection, and in deliberating on public affairs, has *not* altered my opinion on one single point. No man in his senses can doubt, that every one of our sacred and venerable institutions is either trembling, or absolutely tottering; and I often reflect on the truth of an observation of POZZO DI BORGO, 'that the British constitution is formed of such a flimsy mass of materials, that if an attempt be made to alter or repair any one part of the edifice, the whole must be pulled down and built anew.'

"But however determined I am, as you know me to be, to stick to the last rafter of the wreck, I cannot conceal from myself the deplorable state of all our medical corporations; I will not even except that of Pall Mall East, and I do not see the possibility of any system of legislation altering the condition of the medical profession, whilst the present system exists. It would be infinitely more politic in the reformers, as Mr. WARBURTON contemplates, to overthrow the whole existing colleges, and build up on their foundation one system to regulate the medical profession as a great whole.

"Nothing has appeared more incongruous to many intelligent and virtuous men who have interested themselves in the proceedings of the Parliamentary Committee, than the undeniable fact of all our charters and laws being violated and neglected, the members of each of the institutions acting in all respects the very reverse of what their laws direct. These are to me insurmountable difficulties in all my conferences with my great political friends, who even taunt me with the fact admitted in the "Evidence," of a large portion of the income of the members of our venerable College, being derived from the practice of midwifery,—the vilest part of surgery, which the pure surgeons will not condescend even to be supposed to know anything about, whilst those very *pures* have the effrontery to confess that they practise *physic* as much as surgery. Another dilemma, from which I cannot extricate myself, is, that of explaining with any degree of plausibility, or appearance of reason, how it is that the 'subordinates,'—those practitioners under whose care the great mass of the commu-

nity is placed, both high and low, rich and poor, should be considered the *lowest* grade of the profession, whilst they must, necessarily, possess as much knowledge both as a pure physician and a pure surgeon put together. This is so contrary to the usages of all other professions, that it is quite indefensible. In every other department of life, men rise in the estimation of society in proportion to the extent of their knowledge.

"Be all these things as they may, *our* position as a chartered body is evident, and we cannot act with more consistency, honour, and benefit to our own interests, than by using every means *to uphold all our ancient privileges*, taking care to humiliate all those to whom we grant *licenses*. It was, indeed, gratifying to observe that the few Licentiates who signed the last appeal to Parliament, were so low and disreputable a squad,—a parcel of Scotch *Dobs*, some of whose names I don't think I ever before heard of.

"It will be time enough, by-and-by, to arrange what kind of *reform* it may be wise and politic to bring before the College, however little, if *any* be intended. We must keep constantly *talking*, like my esteemed friend Sir ROBERT PEEL, about a '*rational* reform,' and ward off the evil hour as long as we can; and I do assure you, my dear friend, that I feel it a great consolation, to hear that there is not one *Fellow* who in his heart desires anything like a *radical* change. They are all, I am persuaded, to a man, *aristocrats* at bottom, and only make use of the filthy slang of *liberalism*, that they may pull *me* down, and mount up their own dear selves on the ladder of power. You will, I am sure, do me the justice to admit that these opinions are correct; and no wonder that it should be so, if you will but for a moment consider what could have ever induced them to be at the expense of the *rigmarole* process of term-serving at Oxford and Cambridge, and after all be obliged to go to some Scotch university, as I did, to learn their profession. Nothing but an inordinate love of *grade*, or whatever you choose to call it, could have induced them to submit to such measures; and, after having done so, who is the man amongst us to sacrifice the privileges thus acquired, and become a *leveller*? It is just as impossible for a camel to go through the eye of a needle, as for a *Fellow* to place himself on an equality with a *Licentiate*!

"Matters are going on at Windsor much as I expected. They never send for me now-a-days, but I think it right to pay them a visit on my way to town when I go to see such patients as want me. The QUEEN has certainly improved in health, and all agree that her nose is much less red since she has been pursuing the homœopathic system; but her German doctor has, I am happy to say, at last absconded, after having remained at Windsor nearly a couple of months, under the pretence of watching the effects of his millionth part of a grain pills. I think we need not talk about the prerogative of our College to suppress quackery after this.

"I take it for granted, that there is very little going on in the way of practice at this season of the year. But indeed I am well aware of the fearful changes that have already taken place, and which, I fear, will continue to go on in the profession, every one of its departments suffering from the changes of the times. We must all be contented to work on more moderate terms, for by keeping up the prices, business has already gone nearly all together out of the hands of *physicians*. A few days before I left town, TUPPER told me that the top-apothecaries had also great cause of complaint. 'In the good old times,' said he, 'when I sent in an account of 50*l*. 19*s*., I 'should be paid by a check for 100*l*.; but 'since the Reform Bill has passed, in place 'of the 100*l*. I receive only 50*l*., the 19*s*. 'being actually deducted! Most families, 'too, keep a medicine chest, and they some-'times have the impudence to ask me to 'weigh out a dose for them.' *Tempora mutantur!* The apothecary also complains sadly of the '*physician-accoucheurs*,' as they designate themselves, certainly a curious species of physicians,—a kind of nondescript animal, which we ought never to have admitted into our College. Those hermaphrodites do everything; they put the ladies to bed,—inoculate the children,—scarify their gums, draw their teeth, give them clysters,—cure the husband of gonorrhœa,—bleed,—and, in short, do things that even the lowest of the "subordinates" will not do. The chemist is no less hurtful to the legitimate and pure physician. Those vagabonds take care not only to sell drugs, but to *prescribe*, which is most infamous, and must be put a stop to. The whole profession, indeed, seems to me to be in a state of revolution, so that I do not know well what is to be done, though, at the same time, placed as I am at the head of the profession, I am compelled, by every moral feeling, to support that system of medical government which has worked so well for me.

"The weather here has been delightful, and I employ myself busily in making improvements on my beautiful domain, and in the society of my neighbours. There is a set of sporting men about here, for whose conversations I have generally no relish; but there are also some enlightened members of the established church, and a few well-educated squires, whose society I like, I amuse them by repeating the more imposing passages of my *orations*. There is very little female society within my reach; these I amuse in *other* ways. Old Lady N—— often pays me a visit, and as she does

not understand the classics, I entertain her with all my antiquities, and an occasional bit of court scandal!

"I ride about a good deal, on an old pony, who is both blind and broken-winded, and neither shys nor gallops off with me, but fatigues me sufficiently to give me a good appetite. My groom is very amusing in the account he gives me of the wonderful effects of all his nostrums, but not a '*subscription*' (which is his name for a *prescription*) will he reveal to me. One day I said to him, 'What is that stuff, John, you are rubbing the mare's leg with?' To which his only reply was, 'It is some things that I mixes together.' There is no doubt that the mystery which these grooms make about their stuffs, as they call them, and their *humoral* pathology, suits the minds of most people much better than one of my profound classical disquisitions. Well do I recollect my beloved friend and ever-to-be-lamented sovereign, GEORGE the Fourth, mimicking the manner and strange sayings of a royal groom who used to afford his majesty the greatest amusement. GEORGE was fond of a joke, and was so perfect a mimic, that had he been *compelled*, I have no doubt that his appearance on the stage would have been as brilliant as, on the throne, he was magnificent. Nobody with whom his majesty was ever acquainted, escaped his powers of imitation, and I perfectly recollect my quondam friend WARDROP telling me—which he did in the most delicate manner—how the KING could, with the utmost accuracy, imitate my voice, my mode of expressing myself, and, above all, how fortunate he was in mimicking what I had always understood to be my *forte*,—my manner of coming into a sick room, and expressing, by my countenance and gestures, the utmost anxiety for the patient, and the deep interest I seemed to take in the minutest details of the case.

"I continue to take much pleasure in attending to my farm-yard, and although the markets are very low, I do not think the farm will be a losing concern to me this season. My fine beef has brought me from 3s. 6d. to 4s. per stone (sinking the offal). Mutton brings from 3s. to 3s. 6d. I am celebrated for my pork. Nothing, in fact, agrees better with my own stomach, and I have been feeding my domestics so much upon that food lately, that when I ordered my old-fashioned confidential bailiff, the other day, to slay a famous pig of the Chinese breed, he jocosely observed 'Law! yer 'honour, we have bin eating such a lot 'o'pork lately, that I'm now afeard to look 'a pig in the face.'

"All these little things amuse me; they excite and occupy my mind, and keep away the blue devils of London. Write to me soon, and let the letter be long, and put in it every information about what is going on in the profession, and believe me,

"Yours, very faithfully,
"H. H.

"Leicestershire, Oct, 1835."

"P.S. Let me have a copy of WARDROP's book on Blood-letting, whenever it appears. I do not expect him to send one, not having given him a copy of my Orations, which I learn, by a side-wind, he was annoyed at. Let me also have a copy interleaved, for notes and observations of my own, as there is no subject in which I have ever been more interested than that of *bleeding* my patients."

CHRIST'S HOSPITAL.

To the Editor of THE LANCET.

LETTER FROM THE CHAIRMAN OF THE LATE COMMITTEE OF INQUIRY.

SIR,—You have taken a highly commendable interest in the affairs of *Christ's Hospital*, and have, as usual, been successful in aiding the correction of some of the gross abuses which prevail there. I thank you sincerely, in behalf of the children and their *natural* relations and parents for your exertions; and I call on you again to exercise your powerful pen, in reminding their parents' deputed and solemnly-charged guardians, to look first to their charge, and secondly to the manner in which they have acted under it. I have visited the charitable institutions of France, Spain, Germany, Switzerland, and Italy, and the information I there obtained has been improved by subsequent inquiries into our charities at home, firmly impressing me with the conviction that an impartial examination into the management of *Christ's Hospital* must be productive of prospective and immediate good, of the most extensive kind, to the objects of the founder, at once at Hertford and in London.

The medical question, which has so many times occupied your attention, has, at length, been disposed of, in a manner which does not, at the present moment, admit of being re-discussed; and I am sorry to say, that other matters, as regards the health and education of the children, seem to be relapsing into their former state. The unnatural practice of shearing the boys' heads has been revived, and the ringworm still lives and flourishes.

The Committee of Almoners appear to think that they are for ever to exercise their injurious influence over the health and future characters of the children. The expectation, however, is, I fully believe, a vain one. They will not, I trust, much longer find it available to canvass the independent, but careless governors, with the

cry of "Pray support your committee"! *Careless* governors, I am sorry to say, *do* support that committee still, and will continue to do so. The ledgers of the hospital will not be looked at with so much anxiety by them as their own. Still if they would but once, *only once*, take the trouble to inquire, they would, perchance, find that besides the income derived from the interest and possession of Treasurer's balances, and the expenses of residence (the Treasurer's especial perquisites), the salaries of clerks and servants amount in one year to more than one fourth of the gross income of the hospital! Would any of the numerous mercantile governors think that such a sum as 10,000*l.* could be properly, or with safety to themselves, given, in the mere shape of *salaries*, to clerks and domestic servants, in their own establishment, out of an income of 40,000*l.* a year? The fact I have stated should at least lead them, by analogy, to suspect that their unbounded confidence in the Committee may have been misplaced. Why, sir, the Committee of Almoners of *Christ's Hospital* have never, singly, turn by turn, or as diligent superintendents, gone through the wards and efficiently investigated the conduct of the nurses and other servants. And these gentlemen, too, are *auditors of their own accounts*. Meetings of Committees of Almoners are held, and that is all, and eight hundred children are committed to the care of servants!

With this brief summary of facts I beg to direct your attention to the circumstance, that a member of the Court of Governors has given notice that on Friday next he will bring under notice my petition, as that of a Governor of the Institution, to the House of Commons, on the subject of the abuses in *Christ's Hospital*. What that Governor expects to accomplish on the occasion, I know not. He may desire to intimidate, but he will not succeed in his object; or he may find vent for feeling of anger at the exposures made in that petition; but be his object what it may, it is my intention to meet the case he may present, only with *the petition to the House of Commons*, replying no further than by the contents of that document. The petition, you may remember, was presented by yourself from me, as Chairman of a Committee of Governors appointed to inquire into the due and efficient discharge of the duties of certain officers of the establishment, and praying that Parliament would inquire into the truth of the allegations urged therein; and lest the honourable Governor who is to bring forward the motion in question, should have come unprovided with a copy of the petition, I beg, through the medium of your pages, to hand him one. I shall show no mark of disrespect or personality towards any governor, however widely he may differ from me in opinion, and I shall expect the same from others. This noble institution, with its ample funds, would afford, under different and better management, a far more extended sphere of usefulness than it does. The conviction of this has prompted me hitherto in all I have said and done, and it will continue to do so until a correct system of management is adopted within its walls. With my brother Governors I desire not war, but peace, in the distribution of the bounty of the benevolent founder, and in the councils of the Almoners; but where 400 gentlemen, with a charge so solemn as that to which they subscribe, consign their duties to the small body who meet under the designation of a (neglectful) "Committee," then it appears to me that peace on my part, or on the part of any of the Governors, is neither honest to the memory of the founder, nor to society at large. I am, Sir,

Very obediently yours,
WILLIAM BRACKSTONE TARBUTT,
Governor of Christ's Hospital.

London, Nov. 25, 1835.

CHIMNEY-SWEEPER'S CANCER.

To the Editor of THE LANCET.

SIR,—You will oblige me by correcting an error into which your reporter has fallen, in publishing some observations which I made at the *Medical Society of London*, last week upon a case of Chimney-Sweeper's Cancer. I did not say that "the exostosis on the tibia of the patient well illustrated the proposition laid down by Mr. Abernethy." On the contrary I thought that circumstance accidental (probably congenital), and having no connection with the cancer on the scrotum, which I believe to be a local disease, brought on by the application of an irritant (soot) to that particular part. What I did say was, that I thought this case illustrated the observation of Mr. Abernethy (that cancer will invade every structure of the body), as it began in the skin of the scrotum, extended thence to the cellular tissue and glands of the groin, to the muscles, the periosteum, and even to the bone, the left pubic bone, which came in contact with the disease, being nearly destroyed.

But, Sir, my question to the Society is of some importance in the treatment of this disease, and with your permission I will now repeat it, to be answered by any of your correspondents; it is this:—Is Chimney-Sweeper's Cancer a *constitutional* or a *local* disease? The case which I related would seem to favour the latter opinion, as no disease was found in any other organ of the body. I am, Sir, your obedient servant,

R. L. HOOPER.

London Road, Southwark,
24th November, 1835.

DELIRIUM WITH TREMBLING.

To the Editor of THE LANCET.

SIR,—I was rather surprised at seeing a letter from Dr. Copland on Delirium cum Tremore in THE LANCET of last week, in which he claims the merit of having been "the first who distinguished two species of the disease;" and I was still more surprised at Dr. Copland saying, I am sure inadvertently, "I cannot find that I have made any reference to Dr. Elliotson's lecture on the subject." If Dr. Copland will again peruse the article in his Dictionary, he will find that he *has* referred, among his authorities, to Dr. Elliotson's very lecture mentioned in your foot-note. In the same lecture, and also in a clinical lecture published in THE LANCET for Nov. 13, 1830, a still earlier period, it will be seen that Dr. Elliotson not only had distinguished two great varieties of the disease, the one (the more frequent) not inflammatory, but requiring "to be treated with opium in full and repeated doses, backed by good nourishment, and sometimes to be combined with stimulants;" the other decidedly inflammatory, and not to be cured without "bleeding and starvation," in fact, "requiring to be treated as you would treat phrenitis;" but he mentions also a third variety, "where it is perfectly right to employ moderate antiphlogistic treatment, and to give opium also." Nay, Dr. Elliotson invariably pointed out all these varieties of the disease, and also the incorrectness of the name *delirium tremens*, which he said ought to be changed to *delirium cum tremore*, from the time he commenced lecturing at *St. Thomas's Hospital*, in 1825; and he was in the habit of mentioning a case, in illustration of the inflammatory type, which he saw many years before that time, in the person of a young county member, whose acquaintance he had made at Cambridge. Of course, I do not mean to imply that Dr. Copland did not also observe the varieties, because I know him to be a most honourable man; but it is evident that he was not the *first* to distinguish them, any more than the *first* to suggest the alteration of the name.

I enclose my name and address, and beg to subscribe myself,

AN OLD PUPIL OF ST. THOMAS'S.

London, Nov. 23, 1835.

*** It appears to us to be better to retain the term "delirium-tremens," in the present state of medical nomenclature; first, because it is already in use; secondly, because it is more euphonous than the triple-worded term; and, thirdly, because it is quite in accordance with the general analogy of doctrinal language. *Delirium* is the result of a morbid condition of part of the human economy, and the adjective *tremens* is appended (the whole really making but one distinctive word, with a *hyphen* in the centre) to denote a modification of that condition. The two learned teachers may be justified, according to their own views of the disease, in each adopting that particular phrase (Latin or English) which best expresses their notion of the actual condition of the patient affected; but to say, as we presume they would, in advocating a change of terms, that *delirium* does not tremble, is to detect a meaning in the old term which (according to circumstances) it scarcely even suggests. As well might we say of *inflammatory fever* or *nervous palpitation*, that those terms must be abolished, — the latter, for instance, because the *palpitation* is not nervous,—in order to say "palpitation with nervousness," "fever with inflammation." We could cite a dozen such instances, but by thus changing terms we should convert them from names into *sentences*, which is *not* "the thing desired."

INQUEST AT FARNHAM.

LETTER FROM MR. G. BURY.

To the Editor of THE LANCET.

SIR,—I appeal to "your own sense of justice and propriety," so loudly proclaimed in one of your editorial articles of Saturday, November 14, to insert in an early number of your journal the paper sent herewith, which has been called forth by the extraordinary mis-statements (to use the mildest term) contained in a letter to you from this town, purporting to bear an account of an inquest lately held here, dated October 26th, and printed on the above day. In the accompanying document I think you will find most complete contradictions of all the so-called "facts" furnished to you by your correspondent, relating to me; and as, in my opinion, no man who considers himself respectable, or would wish to be thought so, could condescend to reply to the author of such "facts" in any other mode than that adopted by me, or to notice any of his statements touching other points of the case, I shall crave your permission to pass on to the remarks made by you, or, more fairly speaking, by the writer of the leading article alluded to.

I take the liberty of addressing you, Sir, as being the editor of a public journal, and as having offered observations therein on a case in which I have been concerned, both as medical attendant and witness, rather than from the estimate I entertain of "your own sense of justice and propriety." You must excuse me for saying, that I regard this "sense" of yours very ill displayed in admitting such a letter as that of your cor-

respondent into your columns, in which a medical jurist is said to have delivered evidence of the remarkable nature therein specified, without having made prior inquiry as to its correctness, either of the witness in question, or some other party. You may object that you have been misled by your correspondent, in whom you placed confidence, and whom you believed to be trustworthy. Be it so. But were you *sufficiently* acquainted with his character to warrant your accepting any statements he might choose to transmit to you? Or were you sufficiently acquainted with the *relative station*, in society and character, of your correspondent and the other medical men here, if, indeed, your new advocate for the necessity of medical coronerships can be called a *resident* practitioner, to justify you in publishing the like observations from one against the other? I know you were not. You could not have had such knowledge. Therefore, may I not well ask, where are your "justice and propriety," "in publishing the letter to be found at page 256?"

With respect to your "stating that Mr. Pos(r)tello does not *appear* to have incurred the *slightest* degree of culpability," and "there is not *a little of evidence* in proof that the child was poisoned," will you permit me to ask you, on what are *formed* the opinions thus freely *given?* I have always understood, in my own simple judgment, that it is requisite and essential to be enabled to form an opinion before one can be given. But you hesitate not in pronouncing yours without even having seen the evidence, or having been present at the inquest, —an opinion that can be grounded only on the contents of the letter of your correspondent, from which *per se* (even if it were correct), every person competent to judge must admit your conclusions have been drawn too hastily, and from insufficient data. Your authority with regard to what was found in the stomach, as to how long it might have been in that organ, and how far it operated in being the cause of death, is, questionless, of great value; but, for my own part, I consider that of Dr. Christison at least *equal* as a toxicologist, and if you will take the trouble to refer to the last edition of his excellent Treatise on Poisons, you will discover in pages 799 and 801, matter quite at variance with what you have ventured to assert so "certainly" and "assuredly."

Again, if "Mr. Pos(r)tello *is entirely* exonerated from blame," as you have avowed him to be, how can it be "an act of malicious cruelty to make him the object of suspicion or reproach?" Or how is it possible that he should be "an object of suspicion?" It does not appear, in your paper, *by whom* Mr. P. has been suspected or reproached, with the exception of what one of the jurymen is represented to have said to him, and I defy you to bring proof of, or even to show *malice* or cruelty towards him emanating from any quarter. I remain, Sir,

Your obedient servant,

Farnham, Nov. 23, 1835. G. BURY.

[*Extract from the Printed Document alluded to in the first paragraph of the above Letter.*]

So soon as I read what alluded to me therein (in THE LANCET of Nov. 14th), I wrote to Mr. Woods, the Coroner, requesting answers to certain questions, if it were not incompatible with his official situation to reply to them. His absence from home prevented my receiving the following letter at an earlier date, together with a copy of my deposition taken at the inquisition over which he presided:—

"Friday Evening.

"*My dear Sir,*—Having seen the *garbled case* in THE LANCET, I most readily furnish you with a copy of *your* deposition for *your own private information*, assured *that you will not give it publication.* To save time, my youngest son is the bearer of it—I should have felt myself equally bound to have given Mr. Portello a copy of his own deposition upon the same understanding.—This was not inquired for. To say nothing of that part of the publication which is so grossly untrue, viz. that *I* had stated a fact to Mr. Rogers of your having administered powder to the child, *from whom alone* I received this information, the whole of the statement is calculated to mislead the public. He told me he gleaned the circumstance from the parents of the child. As your evidence is now before you, you will think it superfluous for me to answer the specific questions you have put. The verdict certainly was not wholly founded on your evidence, but as connected with other depositions, I have no doubt it made a powerful impression.

"*Yours very truly,*

"HENRY WOODS.

"*To George Bury, Esq.*"

Having received authority from the son of Mr. Woods, to submit the copy of my deposition, which I am not at liberty to publish generally, to the inspection of two or three respectable inhabitants, I have done so, and, in conformity with the recommendation of a disinterested person, placed it before the two gentlemen, whose names are appended to the document which follows, the former of whom was selected as being one of the clergymen of the place:—

"We have carefully perused the whole of Mr. Bury's evidence given before the coroner and jury at the late inquest, held on the body of the child Catherine Robison, and can confidently state—*First*,—That Mr. Bury did not use Mr. Portello's name in his evidence. *Secondly.*—That he *did not swear* that nux vomica caused the death of the child. *Thirdly.*—That his evidence proves that the child *could not swallow* at the time he saw her.

"R. SANKEY.
JAS. STEVENS.

"Farnham, 21st November, 1835."

(The following are subjoined as the replies of Mr. Bury to the various statements of Mr. Rogers.—ED. L.)

Declaration of Mr. Arthur William Woods.

"I hereby declare that I was present at the inquest at Farnham, held on the 17th of October last, and that I heard my father, the Coroner, ask Mr. Bury several times during the examination, whether he could swear that nux vomica was the cause of the

death of the child, and Mr. Bury as often replied that he could not swear to it, or in other words that he could not pronounce such an opinion.

"ARTHUR W. WOODS.

"Nov. 21st, 1835."

No charge was delivered. The Jury requested the Coroner to withdraw before all the witnesses in attendance were examined, and in a few minutes returned their verdict, agreed on unanimously.

"The verdict certainly was not wholly founded on your evidence, but as connected with *other depositions*, I have no doubt it made a powerful impression."—*Mr. Woods's Letter.*

"To say nothing of that part of the publication, which is so *grossly untrue*, viz. that *I* had stated a fact to Mr. Rogers of your having administered powders to the child."—*Ibid.*

The truth is, that I sent medicines *to be given*, if the child should alter for the better in the course of the night, from the effects of a blister which I applied. I told the Coroner and Jury I considered the recovery of the child hopeless, from the first moment I saw her, and when about to communicate what remedies were used, I was stopped by the Coroner, who remarked, "You did all you thought proper to be done," to which I assented, and he then proceeded with other parts of my evidence.

Declaration of Mr. Hewitt, Guardian of the Parish.

"I hereby affirm that I accompanied Mr. Bury at each of his visits to Mr. Portello's shop, previously to the inquest on Catherine Robison, and that on neither occasion was he shown by Mr. Portello, or any other person, a bottle containing jalap in powder, or the situation of such bottle, or any such preparation, in the shop; and I also affirm that that substance was not even named to Mr. Bury.

"JOHN HEWITT, Guardian.

"Nov. 18, 1835."

Declaration of Michael and Ann Robison, the Parents of the Child.

"We declare that we never stated to any one, or at any time, 'that the child became sick, very sick, *from* the medicine given by Mr. Bury, and that it was much convulsed after taking it.'—We do also hereby attest that the child had *no vomiting*, after Mr. Bury first saw her. MICHAEL ROBISON.

The mark ✕ of ANN ROBISON.

"Witness, FREDERICK TRIMMER,
Assistant Overseer.

"Farnham, 18th November, 1835."

An idea exists in the minds of some of the inhabitants of this town, that my evidence before the coroner and jury was intended to criminate Mr. Portello, and I believe he himself has imputed the *design* of doing so to me. To those who know me, I trust it is quite unnecessary to disclaim having had any such motive; but if others entertain doubts upon the point, the following brief statement must remove them from every candid mind.

It was well known (and made known to Mr. Portello also from my own lips) to the parish officers, to the coroner, and several others, that my suspicions of guilt, up to the hour of the inquest, fell upon another party, whom I will not name, since such suspicions have subsequently proved groundless. His name, as above attested by the Rev. R. Sankey, and James Stevens, Esq., was not mentioned to me, but the *individual* evidence touching him, came from other testimony than mine. The circumstance I am now going to relate, will indeed show that I really had friendly feelings towards him. Late in the evening before the day of the inquest, Mr. P. requested me to walk with him to the house where the child was lying, a distance of nearly a mile, and said he would feel much obliged by my accompanying him, for he had some questions to put to the parents which no other person than a medical man could appreciate. I readily and instantly complied with his request. Mr. D'Esterre, my brother-in-law, Mr. Hewitt, and Newell, the high constable, who were in his shop at the time he asked the favour of me, went with us. I confess I heard him put no other question to the parents of the child than this, "Why did you not send for Mr. Bury sooner?"

In conclusion, I here repeat that my *sole motive* in publishing these observations and contradictions, is to vindicate myself from the charges involved in the foregoing misstatements.

G. BURY.

Farnham, 21st November, 1835.

COURSE OF LECTURES ON DISEASES OF THE BRAIN AND NERVOUS SYSTEM, BY M. ANDRAL.

IN the next Number of THE LANCET will be published the first of a series of Lectures now in the course of delivery at Paris, by the celebrated M. ANDRAL, on the Diseases of the Brain and Nervous System, reported expressly for insertion in THE LANCET, and published with the express permission and approbation of that renowned pathologist. We content ourselves by merely making this announcement, as the vast importance of the subjects to be treated in the lectures, and the celebrity of their author (who has devoted an immense portion of time exclusively to the collection of the facts by which they will be illustrated), recommend them to the members of the medical profession without a word of comment on our part.